

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000301

FILED
Jun 21, 2007
Secretary of State

Entity Name: WARREN OWEN CUSTOM HOMES, LLC

Current Principal Place of Business:

4000 REFLECTION COURT
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

4000 REFLECTION COURT
NAPLES, FL 34109

New Mailing Address:

FEI Number: 80-0023484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW, LESTER B ESQ
%GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

OWEN, WARREN ADAM
4000 REFLECTION COURT
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WARREN ADAM OWEN

06/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OWEN, WARREN ALVIN
Address: 4000 REFLECTION CT
City-St-Zip: NAPLES, FL 34109

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: OWEN, WARREN ADAM
Address: 4000 REFLECTION COURT
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WARREN ADAM OWEN

MGR

06/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date