




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 044 ****50.00

DOCUMENT # L02000003217 1. Entity Name PREFERRED HOMES OF AMERICA, LLC					
Principal Place of Business 600 S. NORTHLAKE BLVD SUITE 160 ALTAMONTE SPRINGS, FL 32701			Mailing Address 600 S. NORTHLAKE BLVD SUITE 160 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business 2180 W. State Road 434 Suite, Apt. #, etc. Suite 2118 City & State Longwood, FL Zip 32779 Country USA		3. Mailing Address 2180 W. State Road 434 Suite, Apt. #, etc. Suite 2118 City & State Longwood, FL Zip 32779 Country USA			
01112006 Chg-LLC CR2E083 (11/05)				4. FEI Number 03-0502993	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, MARTIN S 600 S. NORTHLAKE BLVD SUITE 160 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Sandlands Center Street Address (P.O. Box Number is Not Acceptable) 2180 W. State Road 434, Suite 2118 City Longwood FL Zip Code 32779		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD MEDLIN, WALTER 600 S. NORTHLAKE BLVD, STE 160 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 W. State Road 434, Suite 2118 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			2-1-06 Date Daytime Phone #		