


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90029 013 \*\*\*\*50.00

<b>DOCUMENT # L02000003558</b> 1. Entity Name <b>NEW HOMES STORE, L.L.C.</b>					
Principal Place of Business <b>5915 MEMORIAL HIGHWAY, SUITE N TAMPA, FL 33615</b>			Mailing Address <b>5915 MEMORIAL HIGHWAY, SUITE N TAMPA, FL 33615</b>		
2. Principal Place of Business <b>6301 MEMORIAL HIGHWAY</b>		3. Mailing Address <b>6301 MEMORIAL HIGHWAY</b>			
Suite, Apt. #, etc. <b>304</b>		Suite, Apt. #, etc. <b>304</b>			
City & State <b>TAMPA</b>		City & State <b>TAMPA</b>			
Zip <b>FL</b>		Country <b>USA</b>		Zip <b>FL</b>	
Country <b>USA</b>		4. FEI Number <b>01-0617499</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name <b>BARBARA A. WHITE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4809 LONGWATER WAY</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33615</b>		
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 <u><i>Barbara A White</i></u> <span style="float: right;">3-3-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, BARBARA A 5915 MEMORIAL HIGHWAY, SUITE N TAMPA, FL 33615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, BARBARA A. 6301 MEMORIAL HIGHWAY, SUITE 304 TAMPA FL 33615 <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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Barbara A. White</i></u>			Date <u>3-3-05</u>		Daytime Phone # <u>(813) 290-7800</u>

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