## 2005 LIMITED LIABILITY COMPANY Apr 05, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000004734 1. Entity Name MACON CUSTOM HOMES, LLC Principal Place of Business Mailing Address 24311 PRODUCTION CIRCLE 24311 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 03142005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 04-3614485 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YEAGER CHEFFY, JANE 2375 TAMIAMI TRAIL NORTH SUITE 310 NAPLES, FL 34103 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.

Filing Fee is \$50.00

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

DO	NOT	WRITE
IN "	THIS	SPACE

3/28/2005

**FILED** 

CR2E083 (10/03)

DATE

Applied For Not Applicable

\$5.00 Additional

Fee Required

Due by May 1, 2005		
9,	MANAGING MEMBERS/MANAGERS	at 1 to the state of the state
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDSHAW, DAVID 24311 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135	U00000288636 04/05/05-80017-012 55.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR REDSHAW, TAMARA 24311 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qualify for the on this report is true and accurate and that my signature shall have the ibility company or the receiver or trustee empowered to execute this repo	e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the ort as required by Chapter 608, Florida Statutes.

TAMARA REDSHAW

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(NOTE Registered Agent signature required when reinstating)