



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000004979</b> 1. Entity Name <b>FLORIDA HOMES FOREVER, LLC</b>			
Principal Place of Business <b>6143 BLAKEFORD DRIVE KEENES POINTE WINDERMERE, FL 34786</b>		Mailing Address <b>6143 BLAKEFORD DRIVE KEENES POINTE WINDERMERE, FL 34786</b>	
2. Principal Place of Business <b>1000 LEGION PLACE</b>		3. Mailing Address <b>1000 LEGION PLACE</b>	
Suite, Apt. #, etc. <b>SUITE # 1700</b>		Suite, Apt. #, etc. <b>SUITE # 1700</b>	
City & State <b>ORLANDO, FLORIDA.</b>		City & State <b>ORLANDO, FLORIDA</b>	
Zip <b>FL 32801</b>	Country	Zip <b>FL 32801</b>	Country
4. FEI Number <b>71-0872621</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, SCOTT C ESQ. 37 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 LEGION PLACE, SUITE # 1700</b> City <b>ORLANDO</b> FL <b>FL 32801</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 _____ <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 September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, STEPHEN JOHN</b> <input checked="" type="checkbox"/> Delete <b>6143 BLAKEFORD DR.</b> <b>WINDERMERE, FL 34786</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BLANCHARD, ROBERT HARDY</b> <b>6143 BLAKEFORD DR.</b> <b>WINDERMERE, FL 34786</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P - MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BLANCHARD, ROBERT HARDY,</b> <b>16 DRUMMOND CLOSE,</b> <b>HAYWARDS HEATH, RH16 4DB, U.K.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SLATER, MR. BRIAN</b> <b>6143 BLAKEFORD DR.</b> <b>WINDERMERE, FL 34786</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP - MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SLATER, BRIAN</b> <b>34 HIGH STREET,</b> <b>LINDFIELD, RH16 2HL, U.K.</b>
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.			
<b>SIGNATURE:  BLANCHARD, ROBERT HARDY 08/29/04. 111 1111 443523</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

24082073



08242004 Chg-LLC CR2E083 (10/03)