

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005979

FILED
Apr 26, 2005
Secretary of State

Entity Name: COUNTY HOME ROAD, L.L.C.

Current Principal Place of Business:

170 NORTH CYPRESS WAY
CASSELBERRY, FL 327180964

New Principal Place of Business:

Current Mailing Address:

170 NORTH CYPRESS WAY
CASSELBERRY, FL 327180964

New Mailing Address:

FEI Number: 35-2166374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DON E.K.
245 ARNOLD LN
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAMPBELL, DONALD E.K.
Address: 170 NORTH CYPRESS WAY
City-St-Zip: CASSELBERRY, FL 327180964

Title: MGR () Delete
Name: CAMPBELL, BEVERLY J
Address: 1411 S GRANT ST
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD E K CAMPBELL

PRES

04/26/2005

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