

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005979

FILED  
Apr 27, 2006  
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:**

P O BOX 180964  
CASSELBERRY, FL 327180964

**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/MANAGERS:**

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 Chapter 119, 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

MGR

04/27/2006

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