

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005979

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

110 NORTH CYPRESS WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

110 NORTH CYPRESS WAY  
CASSELBERRY, FL 32707

**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/MANAGERS:**

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

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

I hereby 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:** ERWIN D JACKSON

MGR

01/05/2011

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