2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L02000007698

Entity Name: DAVID WEEKLEY HOMES, L.L.C.

Current Principal Place of Business:

225 S. WESTMONTE, SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

225 S. WESTMONTE, SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 01-0651718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	MGRM	( ) Delete
Name:	BRADEN, RANDY	
Address:	225 S. WESTMONTE, SUITE 3300	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGR	( ) Delete
Name:	WEEKLEY HOMES, L.P.,	
Address:	1111 NORTH POST OAK ROAD	
City-St-Zip:	HOUSTON, TX 77055	
Title:	MGR	( ) Delete
Name:	ALANDA, LTD.,	
Address:	P.O. BOX 60035	
City-St-Zip:	FORT MYERS, FL 33906	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RANDY BRADEN MGRM 04/20/2004

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