

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007698

FILED
Feb 09, 2005
Secretary of State

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

02/09/2005

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