

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 036 ****50.00

DOCUMENT # L02000007813

1. Entity Name
ARTISAN HOMES, LLC



Principal Place of Business
**9995 GATE PARKWAY N.
SUITE 250
JACKSONVILLE, FL 32246 US**

Mailing Address
**9995 GATE PARKWAY N.
SUITE 250
JACKSONVILLE, FL 32246 US**

26041010



03222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0576035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WODRICH, MICHAEL A
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RACE, KEVIN
STREET ADDRESS	3874 VERMONT RD. NE
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	MGR
NAME	MONTGOMERY, WAYNE
STREET ADDRESS	8653 ROYALWOOD DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGR
NAME	BETTIS, CAREY
STREET ADDRESS	4315 BLUE HERON DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Wayne Montgomery* **WAYNE MONTGOMERY** **3-22-05** **904-338-9281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #