


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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
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03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0576035	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____
Signature, typed or printed name of registered agent and title (if applicable)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACE, KEVIN 3874 VERMONT RD. NE ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTGOMERY, WAYNE 8653 ROYALWOOD DR. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETTIS, CAREY 4315 BLUE HERON DR. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/16/06-80014-021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 3/3/06 904-8338-9281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #