

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 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**



01112007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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
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03/22/07-80018-004 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*

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

3-9-07

Date

904-838-9781

Daytime Phone #