


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007813</b> 1. Entity Name <b>ARTISAN HOMES, LLC</b>	
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Principal Place of Business <b>2 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082 US</b>	Mailing Address <b>2 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082 US</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>02-0576035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207</b>
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**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

**DO NOT WRITE  
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U00000853795  
03/26/08-60083-010 138.75

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** 3/5/08 904-567-1277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #