

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007813

Entity Name: ARTISAN HOMES, LLC

FILED  
Feb 19, 2009  
Secretary of State

**Current Principal Place of Business:**

2 S. ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 S. ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 02-0576035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BETTIS, CAREY A  
4315 BLUE HERON DR.  
PONTE VEDRA BEACH, FL 32082 US

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: CAREY BETTIS

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RACE, KEVIN  
Address: 3874 VERMONT RD. NE  
City-St-Zip: ATLANTA, GA 30319

Title: MGR ( ) Delete  
Name: MONTGOMERY, WAYNE  
Address: 8653 ROYALWOOD DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete  
Name: BETTIS, CAREY  
Address: 4315 BLUE HERON DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RACE, KEVIN  
Address: 2631 HABERSHAM RD. NW  
City-St-Zip: ATLANTA, GA 30305

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 exemption stated in Chapter 119, 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: WAYNE MONTGOMERY

V-P

02/19/2009

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