

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 044 \*\*\*\*50.00

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DOCUMENT # L02000014488					
<b>1. Entity Name</b> TRANS-FLORIDA HOMES, LLC					
<b>Principal Place of Business</b> 5660 BROOKLYN AVENUE SARASOTA, FL 34231			<b>Mailing Address</b> 5660 BROOKLYN AVENUE SARASOTA, FL 34231		
<b>2. Principal Place of Business</b> 1722 HARBELL ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1722 HARBELL ST Suite, Apt. #, etc.		03222006    Chg-LLC    CR2E083 (11/05)	
<b>City &amp; State</b> NORTH PORT, FL		<b>City &amp; State</b> NORTH PORT, FL		<b>4. FEI Number</b> 04-3681950	
<b>Zip</b> 34288		<b>Country</b> SARASOTA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RIDDELL, JEFFERSON F 3400 S. TAMiami TRAIL SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, HEATHER T		NAME		
STREET ADDRESS	5660 BROOKLYN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	MGRM <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, L. ALLEN		NAME		
STREET ADDRESS	5660 BROOKLYN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</span>	
NAME			NAME	GREER, ALLEN D	
STREET ADDRESS			STREET ADDRESS	1722 HARBELL ST	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	GREER, MARY ANN	
STREET ADDRESS			STREET ADDRESS	1722 HARBELL ST	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Allen D Greer</u>			Date <u>4-16-06</u> Daytime Phone # <u>(941) 228-5675</u>		