

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018762

Entity Name: REMARC HOMES, LLC

FILED
Feb 04, 2004
Secretary of State

Current Principal Place of Business:

840 KENILWORTH TERRACE
ORLANDO, FL 32803

New Principal Place of Business:

940 N. HIGHLAND AVENUE
SUITE 200
ORLANDO, FL 32803

Current Mailing Address:

940 HIGHLAND AVENUE
SUITE 200
ORLANDO, FL 32803

New Mailing Address:

940 N. HIGHLAND AVENUE
SUITE 200
ORLANDO, FL 32803

FEI Number: 91-1939075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, WILLIAM E
840 KENILWORTH TERRACE
ORLANDO, FL 32803

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MURPHY, CHERYL
Address: 840 KENILWORTH TERRACE
City-St-Zip: ORLANDO, FL 32803 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MURPHY, MARK E
Address: 2411 FORMOSA AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Change (X) Addition
Name: MURPHY, WILLIAM E
Address: 840 KENILWORTH TERRACE
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM E. MURPHY

MGRM

02/04/2004

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