

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018798

FILED
Mar 16, 2004
Secretary of State

Entity Name: EXCALIBUR HOMES LLC

Current Principal Place of Business:

20340 S.W. 79TH LANE
DUNNELLON, FL 344315130

New Principal Place of Business:

Current Mailing Address:

20340 S.W. 79TH LANE
DUNNELLON, FL 344315130

New Mailing Address:

FEI Number: 43-1964806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWIER, STEVEN L
20340 S.W. 79TH LANE
DUNNELLON, FL 344315130 US

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: MGRM () Delete
Name: SCHWIER, STEVEN L
Address: 20340 SW 79TH LN
City-St-Zip: DUNNELLON, FL 344315130

Title: MGRM () Delete
Name: SCHVIER, NANCY L
Address: 20340 SW 79TH LN
City-St-Zip: DUNNELLON, FL 344315130

Title: MGR (X) Delete
Name: SCHWIER, JEREMIAH J
Address: 20340 SW 79TH LN
City-St-Zip: DUNNELLON, FL 344315130

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SCHWIER, NANCY L
Address: 20340 SW 79TH LN
City-St-Zip: DUNNELLON, FL 344315130

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

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: STEVEN L SCHWIER

MGRM

03/16/2004

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