

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018798

Entity Name: EXCALIBUR HOMES LLC

FILED  
Apr 22, 2007  
Secretary of State

**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/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: SCHWIER, MATTHEW B  
Address: 4000 SW 47TH ST , LOT E31  
City-St-Zip: GAINSVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN L SCHWIER

MGRM

04/22/2007

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