


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L02000020605 1. Entity Name IRONWOOD HOMES OF LAKE CITY, LLC	
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Principal Place of Business 4109 UNITES STATES HIGHWAY 90 WEST LAKE CITY, FL 32055	Mailing Address 12788 U.S. 90 WEST LIVE OAK, FL 32060
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4207786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, KRIS B 582 WEST DUVAL STREET LAKE CITY, FL 32055

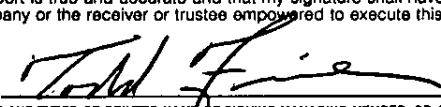
DO NOT WRITE IN THIS SPACE

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.		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FRIER, MATTHEW 12788 US 90 WEST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIER, TODD 12788 US 90 WEST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIER, WAYNE 12788 US 90 WEST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, LARRY 4109 US HWY 80 W LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOYD, JASON 3909 US HWY 90W LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000643499 03/02/07-80004-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/8/07 <small>Date</small>	386-362-2720 <small>Daytime Phone #</small>