2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L02000022445

Entity Name: FLORIDA HOUSES LLC

Current Principal Place of Business:

1802-102 N. UNIVERSITY DR.
SUITE #350
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

1802-102 N. UNIVERSITY DR.
SUITE #350
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 51-0425859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNA, GABHAN A
1802-102 N. UNIVERSITY DR.
SUITE # 350
SUNRISE, FL 33322 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:	KENNA, MAUREEN M	
Address:	1802-102 N. UNIVERSITY DR. #350	
City-St-Zip:	SUNRISE, FL 33322	
Title:	MGRM	( ) Delete
Name:	KENNA, ANNE HOLLINGER	
Address:	1802-102 N. UNIVERSITY DR. #350	
City-St-Zip:	SUNRISE, FL 33322	
Title:	MGRM	( ) Delete
Name:	KENNA, GABHAN A	
Address:	1802-102 N. UNIVERSITY DR. #350	
City-St-Zip:	SUNRISE, FL 33322	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GABHAN A. KENNA MGRM 04/25/2005

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