

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000022445

1. Entity Name
FLORIDA HOUSES LLC



Principal Place of Business
**1802-102 N. UNIVERSITY DR.
SUITE #350
SUNRISE, FL 33322**

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



03102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0425859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNA, GABHAN A
1802-102 N. UNIVERSITY DR.
SUITE # 350
SUNRISE, FL 33322**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KENNA, MAUREEN M
STREET ADDRESS	1802-102 N. UNIVERSITY DR. #350
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	MGRM
NAME	KENNA, ANNE HOLLINGER
STREET ADDRESS	1802-102 N. UNIVERSITY DR. #350
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	MGRM
NAME	KENNA, GABHAN A
STREET ADDRESS	1802-102 N. UNIVERSITY DR. #350
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000466316
03/23/06-R0005-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10 MAR 2006

Date

954 673 6376

Daytime Phone #