

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031950

FILED
Jan 23, 2004
Secretary of State

Entity Name: MCGARVEY CUSTOM HOMES, LLC

Current Principal Place of Business:

27300 RIVERVIEW CENTER BLVD
STE 201
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27300 RIVERVIEW CENTER BLVD
STE 201
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 57-1140107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGARVEY, JOHN
27300 RIVERVIEW CENTER BOULEVARD
STE 201
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MCGARVEY, JOHN S
27300 RIVERVIEW CENTER BOULEVARD
STE 201
BONITA SPRINGS, FL 34134 US

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: JOHN S. MCGARVEY

01/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCGARVEY, JOHN
Address: 27300 RIVERVIEW CENTER BLVD., STE 201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: MCGARVEY, JOANNE H
Address: 27300 RIVERVIEW CENTER BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

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: JOANNE H. MCGARVEY

MGRM

01/23/2004

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