


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 009 \*\*\*\*50.00

<b>DOCUMENT # L03000004042</b>	
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<b>1. Entity Name</b> PILLAR HOMES, LLC	<b>Principal Place of Business</b> 1216 BOWMAN ST. CLERMONT, FL 34711	<b>Mailing Address</b> 1216 BOWMAN ST. CLERMONT, FL 34711
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 04-3737953	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  OBRIG, ELWOOD M 700 ALMOND STREET CLERMONT, FL 34711
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<b>7. Name and Address of New Registered Agent</b>  Name: <u>Elwood Obrig</u> Street Address (P.O. Box Number is Not Acceptable) <u>700 East Almond St</u> City <u>Clermont</u> <u>FL</u> Zip Code <u>34711</u>
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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 Elwood Obrig DATE Jan-9-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, FOUAD 1216 BOWMAN ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, DIANE 1216 BOWMAN ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOM BOUTROS, KEVIN J 1216 BOWMAN ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, MICHAEL 1216 BOWMAN ST CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUEIHI, CHARLES 1216 BOWMAN STREET CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elwood Obrig Date Jan-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE