2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90086 045 ***138.75

DOCUMENT # L0300004042 1. Entity Name PILLAR HOMES, LLC				02-07-20	08 90086 045 ***13	8.75
Principal Plac	e of Business	Mailing Address				
1216 BOWM		1216 BOWMAN ST.				
CLERMONT,	TL 34/11	CLERMONT, FL 34711				
					<u> </u>	
2. Principal.P	lace of Business - No P.O. Box # Bowman Street	3. Mailing Address 1312 Bowma Suite, Apt. #, etc.	in street			
Suite, Apt.	m, etc.	Suite, Apt. #, etc.		01172008 Chg-LLC	CR2E083 (12/06)	
City & Stat		City & State		4. FEI Number	Ар	plied For
	mont FL Country	Clermont	Country	04-3737953		t Applicable
Zip 34-7			U.S.A.	5. Certificate of Status Desire	ed \$5.00 Add Fee Required	
	6. Name and Address of Current		<u> </u>	7. Name and Address of Ne	<u> </u>	
00010 5			Name			
OBRIG, ELWOOD M 700 E ALMOND STREET			Street Address (P.O. Box Number is Not Acceptable)			
	NT, FL 34711		-			
			City	FL Zip Code		
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 acc						and accept
the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
				•		
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	;		1	Make check payable to rida Department of State	•
	1, 2008 Fee will be \$538.75		10.	Flo ADDITIO	rida Department of State	B
9.	MANAGING MEMBE		TITLE N	ADDITION ADDITION	rida Department of State NS/CHANGES Change	Addition
9. TITLE NAME	MANAGING MEMBE MGR BOUTROS, FOUAD	RS/MANAGERS	TITLE N	ADDITION ADDITION	rida Department of State NS/CHANGES Change	
9.	MANAGING MEMBE MGR BOUTROS, FOUAD 1216 BOWMAN ST	RS/MANAGERS	NAME STREET ADDRESS 13	ADDITION ADD	nida Department of State	
9. III'LE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR BOUTROS, FOUAD	RS/MANAGERS □ Delete	NAME STREET ADDRESS CITY-ST-ZIP	ADDITION ADD	NS/CHANGES Change	Addition
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I hereby certify that the information supplied with this filling 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 trueffe empowered to execute this report as required by Chapter 608, Florida Statutes.