

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004042

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: PILLAR HOMES, LLC

**Current Principal Place of Business:**

1312 BOWMAN STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1312 BOWMAN STREET  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 04-3737953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBRIG, ELWOOD M  
700 E ALMOND STREET  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

BOUTROS, FOUAD  
1312 BOWMAN STREET  
CLERMONT, FL 34711 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: FOUAD BOUTROS

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOUTROS, FOUAD  
Address: 1312 BOWMAN STREET  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: BOUTROS, DIANE  
Address: 1312 BOWMAN STREET  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: BOUTROS, KEVIN J  
Address: 1312 BOWMAN STREET  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: BOUTROS, MICHAEL  
Address: 1312 BOWMAN STREET  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: BOUTROS, LILY  
Address: 1312 BOWMAN STREET  
City-St-Zip: CLERMONT, FL 34711

**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:

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 exemption stated in Chapter 119, 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: FOUAD BOUTROS

MGR

02/17/2009

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