

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005391**

1. Entity Name  
**HUGHES - KAMENOFF CUSTOM HOMES, LLC**



Principal Place of Business  
**1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**

Mailing Address  
**1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**



01312005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1681888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUGHES, BRADLEY M  
1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HUGHES, LLC
STREET ADDRESS	1608 WEST IVANHOE BOULEVARD
CITY- ST- ZIP	ORLANDO, FL 32804
TITLE	MGR
NAME	KAMENOFF ASSOCIATES, A FLORIDA JOINT VENT.
STREET ADDRESS	165 MONTGOMERY ROAD
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000215263  
02/05/05-80001-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

*Bradley M. Hughes*  
**Bradley M. Hughes, Mgr.**

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

Date

Daytime Phone #

**2/2/05**

**407-702-4751**