


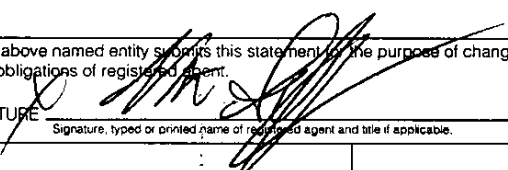
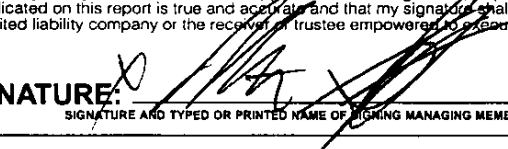
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90030 044 ****50.00

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DOCUMENT # L03000013928					
1. Entity Name FLORIDA HOMES OF AMERICA, LLC					
Principal Place of Business 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994 US			Mailing Address 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHAFER, MARTIN 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994				Name UNIVERSAL DEVELOPMENT OF FLORIDA, LLC Street Address (P.O. Box Number is Npt Acceptable) 100 SW ALBANY AVE. SUITE 110 City STUART FL Zip Code 34994	
8. The above named entity supports 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:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFER, MARTIN			NAME	UNIVERSAL DEVELOPMENT OF FLORIDA, LLC
STREET ADDRESS	1597 SOUTH PORT ST. LUCIE BOULEVARD			STREET ADDRESS	100 SW ALBANY AVE. SUITE 110
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952			CITY-ST-ZIP	STUART, FL 34994
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #					