


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90293 023 \*\*\*\*50.00

<b>DOCUMENT # L03000016057</b> 1. Entity Name <b>LITTON-MURRY HOMES LLC</b>					
Principal Place of Business <b>409 NW HUTCHINS STREET PORT ST. LUCIE FL 34983 US</b>			Mailing Address <b>409 NW HUTCHINS STREET PORT ST. LUCIE FL 34983 US</b>		
2. Principal Place of Business <b>5234 Lake Osborne Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5234 Lake Osborne Dr.</b> Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		4. FEI Number <b>14-1881546</b>	
Zip <b>33461</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DAIELLO, THOMAS D 4800 NORTH FEDERAL HIGHWAY SUITE 307 B BOCA RATON FL 33431</b>			7. Name and Address of New Registered Agent Name <b>Kurt M. Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>5234 Lake Osborne Dr.</b> City <b>Lake Worth, FL</b> Zip Code <b>33461</b>		
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 <b>Kurt M. Johnson</b> DATE <b>3/11/06</b> <small>(Signature, typed or printed name of registered agent and date applicable) (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRY, KENT 409 NW HUTCHINS STREET PORT ST. LUCIE FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLIGAN, ALEX T 409 NW HUTCHINS STREET PORT ST. LUCIE FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LITTON, CB III 41 N. CONGRESS AVENUE, SUITE 4B DELRAY BEACH FL 33445		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	
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	
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 Section 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: <b>Kurt M. Johnson</b>			DATE: <b>3/11/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>561-547-6060</b>		