## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 20, 2007 8:00 am Secretary of State **DOCUMENT # L03000017112** 04-20-2007 90028 041 \*\*\*\*55.00 1. Entity Name BLAIR HOMECRAFTERS OF LEESBURG LLC Principal Place of Business Mailing Address 11300 FOURTH STREET NORTH, SUITE 200 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 42-1591585 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAIR COMMUNITIES, INC. FELICE, DAVID M Street Address (P.O. Box Number is Not Acceptable) 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716 11300 4th St. N., Suite 200 St. Petersburg 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 David M. Felice 4/18/07 agent and title if applicable NUTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Deleta TITLE ☐ Change ☐ Addition NAME BLAIR COMMUNITIES, INC NAME STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP TITLE TITLE Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change

**FILED** 

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

04/18/07 Dawid M. Felice 727-577-9197 SIGNATURE D OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davtime Phone #