2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021916

FILED Apr 28, 2004 Secretary of State

Entity Name: DE FREITAS HOMES, LLC **Current Principal Place of Business: New Principal Place of Business:** 2123 S.W. 20TH PLACE, SUITE 102 2123 S.W. 20TH PLACE, SUITE 102 A OCALA, FL 34474 OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 2123 S.W. 20TH PLACE, SUITE 102 2123 S.W. 20TH PLACE, SUITE 102 A OCALA, FL 34474 OCALA, FL 34474 FEI Number: 20-0075142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACKERMAN, CATHERINE F ESQ. 500 N.E. 8TH AVENUE OCALA, FL 34470 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete FLEMING, SANCHIA Name: Name: Address: 2123 S.W. 20TH PLACE, SUITE 102 Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: Title: MGRM () Change (X) Addition () Delete Name: Name: FLEMING, WILLIAM W Address: Address: P.O. BOX 748 City-St-Zip: City-St-Zip: BLAKELY, GA 39823 Title: () Delete Title: MGRM () Change (X) Addition LASETER, LOIS ANNE Name: Name: 2123 SW 20TH PLACE, STE 102 A Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANCHIA FLEMING 04/28/2004