

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023616

Entity Name: KARLY HOMES, LLC

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

1901 WOOD BROOK ST
TARPON SPRINGS, FL 346897515

New Principal Place of Business:

52 YACHT CLUB DR.
APT. #109
N. PALM BEACH, FL 33408 US

Current Mailing Address:

1901 WOOD BROOK ST
TARPON SPRINGS, FL 346897515

New Mailing Address:

52 YACHT CLUB DR.
APT. #109
N. PALM BEACH, FL 33408 US

FEI Number: 56-2371189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SERRA, ALBERT F
1901 WOOD BROOK ST
TARPON SPRINGS, FL 346897515 US

Name and Address of New Registered Agent:

SERRA, ALBERT F MGRM
52 YACHT CLUB DR.
APT. #109
N. PALM BEACH, FL 33408 US

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: ALBERT F SERRA

07/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SERRA, ALBERT F
Address: 1901 WOOD BROOK ST
City-St-Zip: TARPON SPRINGS, FL 346897515

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SERRA, ALBERT F MGRM
Address: 52 YACHT CLUB DR.
City-St-Zip: N. PLAM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALBERT F SERRA

MGRM

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date