

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000026511

FILED
Aug 12, 2005
Secretary of State

Entity Name: ELOY THREE HUNDRED, LLC

Current Principal Place of Business:

2503 DEL PRADO BLVD, STE 300
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

2503 DEL PRADO BLVD, STE 300
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SUBLETT, JAMES E
1200 KASAMADA DRIVE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

LOGUE, PATRICK
6076 EAGLE WATCH COURT
NORTH FORT MYERS, FL 33917 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: PATRICK LOGUE

08/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUBLETT, JAMES
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: LOGUE, PATRICK
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIRST HOME BUILDERS,, LLC
Address: 2503 DEL PRADO BLVD, SUITE 300
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK LOGUE

MGRM

08/12/2005

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