


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 031 ****55.00

DOCUMENT # L03000031358 1. Entity Name HOMES TO DIE FOR, L.L.C.					
Principal Place of Business 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496			Mailing Address 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496		
2. Principal Place of Business 1008 GRAND COURT Suite, Apt. #, etc.		3. Mailing Address 1008 GRAND COURT Suite, Apt. #, etc.			
City & State HIGHLAND BEACH, FL. Zip 33487		City & State HIGHLAND BEACH, FL. Zip 33487		Country USA	
4. FEI Number 20-0225001		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				02202006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MORRIS, LELAND 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name MORRIS, LELAND Street Address (P.O. Box Number is Not Acceptable) 1008 GRAND COURT City HIGHLAND BEACH FL Zip Code 33487		
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 <u><i>LELAND MORRIS</i></u> LELAND MORRIS MGR 2/20/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, LELAND 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, LELAND 1008 GRAND COURT HIGHLAND BEACH, FL. 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: <u><i>LELAND MORRIS</i></u> LELAND MORRIS 2/20/06 561-417-4868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					