


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000032625  
 1. Entity Name  
 ADDISON CUSTOM HOMES OF LAKE BURDEN, LLC



Principal Place of Business      Mailing Address  
 9000 GLENLAKES BOULEVARD      9000 GLENLAKES BOULEVARD  
 BROOKSVILLE, FL 34613      BROOKSVILLE, FL 34613

**DO NOT WRITE IN THIS SPACE**



01302005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0269591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRAIGHEAD, DAVID  
 9000 GLENLAKES BOULEVARD  
 BROOKSVILLE, FL 34613

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

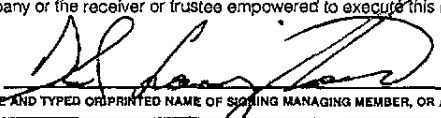
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMM, DENNIS R 9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613
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U00000290272  
 04/06/05-80058-015 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       3/11/05      352-597-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #