

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 029 ****50.00

DOCUMENT # L03000032733					
1. Entity Name SKORMAN HOMES, LLC					
Principal Place of Business 6000 METROWEST BLVD SUITE 11 ORLANDO, FL 32835 US			Mailing Address 6000 METROWEST BLVD SUITE 11 ORLANDO, FL 32835 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>SUITE 111</i>		Suite, Apt. #, etc. <i>SUITE 111</i>			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<div style="display: flex; justify-content: space-between;"> 01242005 Chg-LLC CR2E083 (10/03) 4. FEI Number 01-0796378 </div>					
<div style="display: flex; justify-content: space-between;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKORMAN, MARC 6000 METROWEST BLVD, SUITE 111 ORLANDO, FL 32835			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKORMAN, MARC 6000 METROWEST BLVD, SUITE 111 ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKORMAN, KEVIN 6000 METROWEST BLVD, SUITE 111 ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: <i>Marc Skorman</i> MANAGER MARC SKORMAN, MANAGER			3/22/05 407 253 2001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE DAYTIME PHONE #		