

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 003 \*\*\*\*50.00

<b>DOCUMENT # L03000036642</b>					
<b>1. Entity Name</b> SELECT HOMES REALTY, LLC					
<b>Principal Place of Business</b> 121 DURHAM PLACE LONGWOOD, FL 32779			<b>Mailing Address</b> 121 DURHAM PLACE LONGWOOD, FL 32779		
<b>2. Principal Place of Business</b> 1000 WINDERLEY PL		<b>3. Mailing Address</b> 1000 WINDERLEY PL			
Suite, Apt. #, etc. # 121		Suite, Apt. #, etc. # 121			
City & State MAITLAND, FL		City & State MAITLAND, FL			
Zip 32751		Country ORANGE			
City & State MAITLAND, FL		City & State MAITLAND, FL		<b>4. FEI Number</b> 20-0259666	
Zip 32751		Country ORANGE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DEVOS, MARVIN J 121 DURHAM PLACE LONGWOOD, FL 32779				<b>7. Name and Address of New Registered Agent</b>	
				<b>Name</b>	
				<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1000 WINDERLEY PL	
				Suite, Apt. #, etc. # 121	
				<b>City</b> MAITLAND	
				<b>FL</b>	<b>Zip Code</b> 32751
<b>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.</b>					
SIGNATURE:					
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> LITTLERFIELD, REBECCA MANAGER	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> MGR	<b>NAME</b> MARVIN J. DEVOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 121 DURHAM	CITY-ST-ZIP LONGWOOD, FL 32779		<b>STREET ADDRESS</b> 1000 WINDERLEY PL #121	CITY-ST-ZIP MAITLAND FL 32751	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					