

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90138 044 ****50.00

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01122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000036642 1. Entity Name SELECT HOMES REALTY, LLC					
Principal Place of Business 1000 WINDERLEY PLACE #121 MAITLAND, FL 32751 US			Mailing Address PO BOX 1451 WINTER PARK, FL 32790 US		
2. Principal Place of Business - No P.O. Box # 2407 VIA GENOVA		3. Mailing Address Suite, Apt. #, etc.			
City & State APOPKA, FL		City & State Suite, Apt. #, etc.			
Zip 32712		Country ORANGE		Zip Country	
4. FEI Number 20-0259666				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVOS, MARVIN J 1000 WINDERLEY PLACE #121 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name DEVOS, MARVIN J. Street Address (P.O. Box Number is Not Acceptable) 2407 VIA GENOVA City APOPKA FL Zip Code 32712		
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>M J D Vos</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVOS, MARVIN J <input checked="" type="checkbox"/> Delete 1000 WINDERLEY PLACE #121 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEVOS, MARVIN J. 2407 VIA GENOVA APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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>M J D Vos</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					