2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# L03000041356

Entity Name: NORTHEAST FLORIDA HOME BUYERS, LLC

Current Principal Place of Business:

10550 BAYMEADOWS RD, UNIT 715
JACKSONVILLE, FL 32256

New Principal Place of Business:

11352 CAMPFIELD CIRCLE
JACKSONVILLE, FL 32256

Current Mailing Address:

10550 BAYMEADOWS RD, UNIT 715
JACKSONVILLE, FL 32256

New Mailing Address:

11352 CAMPFIELD CIRCLE
JACKSONVILLE, FL 32256

FEI Number: 20-0818513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRINGTON, TIMOTHY
10550 BAYMEADOWS RD, UNIT 715
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HARRINGTON, TIMOTHY J
11352 CAMPFIELD CIRCLE
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: TIMOTHY J HARRINGTON 07/15/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: HARRINGTON, TIMOTHY
Address: 10550 BAYMEADOWS RD, #715
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: HARRINGTON, TIMOTHY J
Address: 11352 CAMPFIELD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY J HARRINGTON MR. 07/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date