2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L03000042585

Entity Name: ANTHONY'S HOMES SALES, L.C.

Current Principal Place of Business:

110 DANFORTH DR.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

27110 JONES LOOP ROAD
PUNTA GORDA, FL 33982 US

Current Mailing Address:

C/O JACK O HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, ET AL
99 NESBIT ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANTHONY, DAVID L
Address: 110 DANFORTH DR
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: MGR ( ) Delete
Name: COX, WILLIAM T JR.
Address: P.O. BOX 511958
City-St-Zip: PUNTA GORDA, FL 33951 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANTHONY, DAVID L
Address: 27110 JONES LOOP RAOD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MGR (X) Change ( ) Addition
Name: COX, WILLIAM T JR.
Address: 27110 JONES LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID L. ANTHONY MGR 04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date