

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90099 021 ****50.00

DOCUMENT # L03000043779

1. Entity Name

INFINITY HOMES OF CENTRAL FLORIDA, LLC



Principal Place of Business

**416 BECKY STREET
ORLANDO FL 32824**

Mailing Address

**416 BECKY STREET
ORLANDO FL 32824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0377889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGER, BRYAN
416 BECKY STREET
ORLANDO FL 32824**

Name **ROGERS, BRYAN**

Street Address (P.O. Box Number is Not Acceptable)

416 Becky St.

City **ORLANDO**

FL

Zip Code

32824

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

BRYAN ROGERS

2-11-04

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **ROGER, BRYAN**
STREET ADDRESS **416 BECKY STREET**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **MGR** ☒ Change ☐ Addition
NAME **ROGERS, BRYAN**
STREET ADDRESS **416 BECKY ST.**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **MGR** ☐ Delete
NAME **BUSCH, WILLIAM**
STREET ADDRESS **334 DIAMOND RIDGE BLVD.**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **HAYNES, DEREK**
STREET ADDRESS **6446 HORIZON POINTE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BRYAN ROGERS

2-11-04

407-765-7784