2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# L03000044331

Entity Name: GM HOMES LLC

Current Principal Place of Business:

8526 CYPRESS DR S
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

8526 CYPRESS DR S
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 54-2131994 **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:

HARDEN, MATTHEW E
8475 PENNSYLVANIA BLVD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

HARDEN, MATTHEW E
9045 MORRIS RD.
FORT MYERS, FL 33912 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: _____ 08/30/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARDEN, MATTHEW E
Address: 8475 PENNSYLVANIA BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR ( ) Delete
Name: CHRYCY, GARRY T
Address: 6201 SW 70TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARDEN, MATTHEW E
Address: 9045 MORRIS RD.
City-St-Zip: FORT MYERS, FL 33912 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MATTHEW E HARDEN MGR 08/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date