2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046847

1. Entity Name FANTASY BUILDERS, L.L.C.



Principal Place of Business

173 RUTLEDGE ROAD TALLAHASSEE, FL 32317 Mailing Address

173 RUTLEDGE ROAD TALLAHASSEE, FL 32317

FILED Apr 18, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

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

04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1713122

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER MICHAEL WAYNE

173 RUTLEDGE ROAD TALLAHASSEE, FL 32317		-	IN THIS SPACE	
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		(NOTE: Registered Agent signature required when reinstating) DATE		
FI	iling Fee is \$50.00 ue by May 1, 2007		A GO CO	
9.	MANAGING MEMBERS/MANAGERS	······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MICHAEL WAYNE 173 RUTLEDGE ROAD TALLAHASSEE, FL 32317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE			:	
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000715122 04/27/07-80050-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report by Chapter 509. Elected Statutes.				