

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047559**

**1. Entity Name**  
**DIGITAL HOMEBUILDER L.L.C**



**Principal Place of Business**  
**808 35TH AVE DR W**  
**PALMETTO, FL 34221 US**

**Mailing Address**  
**808 35TH AVE DR W**  
**PALMETTO, FL 34221 US**



07012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>37-1479692</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CHASEY, JOHN H II**  
**808 35TH AVE DR W**  
**PALMETTO, FL 34221**

**DO NOT WRITE  
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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

7-1-05

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

U000000371265  
07/07/05-80010-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>CHASEY, JOHN H II</b>
<b>STREET ADDRESS</b>	<b>808 35TH AVE DR W</b>
<b>CITY - ST - ZIP</b>	<b>PALMETTO, FL 34221</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>CHASEY, SANDRA</b>
<b>STREET ADDRESS</b>	<b>808 35TH AVE DR W</b>
<b>CITY - ST - ZIP</b>	<b>PALMETTO, FL 34221</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>CORBETT, MARK</b>
<b>STREET ADDRESS</b>	<b>9436 SARAZEN PLACE</b>
<b>CITY - ST - ZIP</b>	<b>PALMETTO, FL 34221</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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, OR AUTHORIZED REPRESENTATIVE

7-1-05

Date

941-713-1993

Daytime Phone #