

**2006 LIMITED-LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047638**

1. Entity Name

SASNETT HOME BLDRS, LLC



Principal Place of Business

2642 SASNETT LANE  
WESTVILLE, FL 32464

Mailing Address

2642 SASNETT LANE  
WESTVILLE, FL 32464



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1162115

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SASNETT, BOBBY  
2642 SASNETT LANE  
WESTVILLE, FL 32464

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|                |                            |
|----------------|----------------------------|
| TITLE          | MGR                        |
| NAME           | SASNETT, BOBBY             |
| STREET ADDRESS | 2642 SASNETT LANE          |
| CITY-ST-ZIP    | DEFUNIAK SPRINGS, FL 32464 |
| TITLE          | MGR                        |
| NAME           | PRESCOTT, REBECCA D        |
| STREET ADDRESS | 1654 N. HWY. 81            |
| CITY-ST-ZIP    | WESTVILLE, FL 32464        |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

1100001448026  
03/08/06-80081-004 \$5.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*Rebecca D Prescott*

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

*2/20/06*

DATE

*850.548.5463*

DAYTIME PHONE #