


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L03000047778						FILED 06 SEP -6 PM 4:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name HOMESTYLE BUILDERS, LLC				Principal Place of Business 6741 DONERAIL TRAIL TALLAHASSEE, FL 32309-1601			
2. Principal Place of Business 1005 Dogwood Drive				3. Mailing Address 1005 Dogwood Drive			
City & State Havana, FL				City & State Havana, FL			
Zip 32333 Country USA				Zip 32333 Country USA			
6. Name and Address of Current Registered Agent WILLIAMS, SHAWN MICHELLE 6741 DONERAIL TRAIL TALLAHASSEE, FL 32309-1601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1005 Dogwood Drive City Havana FL Zip Code 32333			
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 _____							
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, HOWELL TONEY JR 6741 DONERAIL TRAIL TALLAHASSEE, FL 32309-1601			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
1005 Dogwood Drive Havana, FL 32333				1005 Dogwood Drive Havana, FL 32333			
800079727248 09/12/06--01058--024 **100.00				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Shawn Williams Shawn Williams				9/6/06 850/539-4411			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			