

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90158 005 \*\*\*\*50.00

**DOCUMENT # L03000047869**

1. Entity Name  
FOUNDATION HOMES, LLC



Principal Place of Business  
4637 SHEFFIELD ROAD  
LAND O' LAKES, FL 34639 US

Mailing Address  
4637 SHEFFIELD ROAD  
LAND O' LAKES, FL 34639 US

**24029397**



2. Principal Place of Business

22905 Killington Blvd  
Suite, Apt. #, etc.

3. Mailing Address

22905 Killington Blvd  
Suite, Apt. #, etc.

03232004 Chg-LLC CR2E083 (10/03)

City & State

Land O Lakes, FL  
Zip Country  
34639 USA

City & State

Land O Lakes, FL  
Zip Country  
34639 USA

4. FEI Number

35-2227065

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RANKIN, DAVID P  
14502 N. DALE MABRY HWY.  
SUITE 300  
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME STRATTON, CARL  
STREET ADDRESS 4637 SHEFFIELD ROAD  
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE MGRM ☐ Delete  
NAME STRATTON, CYNTHIA  
STREET ADDRESS 4637 SHEFFIELD ROAD  
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE MGRM ☐ Delete  
NAME PETTIT, JOHN  
STREET ADDRESS 1902 MANDEVILLA CT.  
CITY-ST-ZIP TAMPA, FL 33626

TITLE MGRM ☐ Delete  
NAME PETTIT, TRACEY  
STREET ADDRESS 1902 MANDEVILLA CT.  
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-23-04 813-996-6336