


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90061 003 ****50.00

DOCUMENT # L03000049961 1. Entity Name SUNBELT HOMES CONSTRUCTION, LLC	
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Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109	Mailing Address 2055 TRADE CENTER WAY NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

01242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0445331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTER, JEFFREY J
2055 TRADE CENTER WAY
NAPLES, FL 34109

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, G. STUART 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTTER, JEFFREY J 90 MINNEHAHA CIR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRESTER, LOWE 12071 FAIRWAY ISLES DR FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/3/06 (239)577-7227
Date Daytime Phone #