

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2007 90064 027 ****25.00
L03000050628

DOCUMENT # L03000050628 1. Entity Name SPARKLES HOMES, LLC					
Principal Place of Business 4252 WOODSIDE AVE. FT. MYERS, FL 33905			Mailing Address 4252 WOODSIDE AVE. FT. MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box # 4252 WOODSIDE AVE		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT MYERS FL		City & State 		4. FEI Number 11-5506673	
Zip 33905		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, LEIGH M 4403 SE 16TH PLACE, UNIT 2 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, ALEXANDER 4252 WOODSIDE AVE. FT. MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ALEXANDER TURNER 7012 BROOKTON LANE GAINESVILLE GA 30507
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, NANCY 4252 WOODSIDE AVE. FT. MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER NANCY TURNER 7012 BROOKTON LANE GAINESVILLE GA 30507
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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: <u>Alexander Turner</u> 4/25/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 07 MAY 21 PM 2007
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