## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L03000050786** 04-16-2007 90340 046 \*\*\*\*55.00 OLD FLORIDA HOMESITES, LLC Mailing Address Principal Place of Business 60036629 1410 LPGA BLVD. 1410 LPGA BLVD. SUITE 148 SUITE 148 DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 1617 CRESCENT RIDGE RD 1617 CRESCENT RIDGE RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For FL Paytona Beach 20-0455828 AYTONA BEACH Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USB Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAROLD J. BURROUGHS PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32115-2491 1617 CRESCENT RIDGE RD City DAY TONA BEACH 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. WHAROLD J. BURROUGHS SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete TITLE MGR Change XX Addition HALJACK, LLC S.E. CLINE HOLDING COMPANY, INC. NAME NAME 1617 CRESCONT RIDGE RD P.O. BOX 262 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP DAYTONA BEACH FL MGR Delete TITLE Change ■ Addition TITLE BURROUGHS, HAROLD J NAME NAME 1410 LPGA BLVD., STE 148 STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32117 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME OTREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 togexecute this report as required by Chapter 608, Florida Statutes.

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

FILED