2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

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Entity Name: SRG HOMES & NEIGHBORHOODS, LLC

Current Principal Place of Business:

1814 N. PEARL STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37249
JACKSONVILLE, FL 32206 US

New Mailing Address:

1814 N. PEARL STREET
JACKSONVILLE, FL 32206 US

FEI Number: 20-0465301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEET, BARBARA G
1563 ALFORD PLACE
STE 1
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	BISSETTE, MACK D	
Address:	1814 N. PEARL STREET	
City-St-Zip:	JACKSONVILLE, FL 32206 US	
Title:	MGRM	( ) Delete
Name:	CALLAWAY, MICHELLE	
Address:	1814 N. PEARL STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	MGRM	( ) Delete
Name:	DEES, MICHAEL L	
Address:	1814 N. PEARL STREET	
City-St-Zip:	JACKSONVILLE, FL 32206 US	
Title:	MGRM	( ) Delete
Name:	JOHNSON, WAYNE E II	
Address:	1814 N. PEARL STREET	
City-St-Zip:	JACKSONVILLE, FL 32206 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL DEES OWNE 02/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date