

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-26-2004 90055 015 \*\*\*\*50.00

**DOCUMENT # L03000053082**

1. Entity Name

ASHEVILLE HOMES L.L.C.



Principal Place of Business

1410 SANTA ANNA DRIVE  
DUNEDIN FL 34698

Mailing Address

1410 SANTA ANNA DRIVE  
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2037391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMAN, LAWRENCE L  
1410 SANTA ANNA DRIVE  
DUNEDIN FL 34698

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME HODGE, CHARLES T  
STREET ADDRESS 313 CROSS WIND DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE MGRM ☐ Delete  
NAME NORMAN, LAWRENCE L  
STREET ADDRESS 8137 GOLDEN BEAR LOOP  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE MGRM ☐ Delete  
NAME HODGE, ROSEMARY A  
STREET ADDRESS 313 CROSS WIND DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE MGR ☒ Change ☐ Addition  
NAME HODGE, ROSEMARY A.  
STREET ADDRESS 313 CROSS WIND DRIVE  
CITY-ST-ZIP PALM HARBOR, FL. 34683

TITLE MGRM ☐ Delete  
NAME NORMAN, KELLIE S  
STREET ADDRESS 8137 GOLDEN BEAR LOOP  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE MGR ☒ Change ☐ Addition  
NAME NORMAN, KELLIE S.  
STREET ADDRESS 8137 GOLDEN BEAR LOOP  
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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:**

LAWRENCE L. NORMAN

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

Date

Daytime Phone #

4/22/04

727-786-2256