

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053082

Entity Name: ASHEVILLE HOMES L.L.C.

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

855 VIRGINIA AVENUE
SUITE A
PALM HARBOR, FL 34683 US

New Principal Place of Business:

8734 WINDING WOOD DRIVE
PORT RICHEY, FL 34668 US

Current Mailing Address:

P.O. BOX 2078
PALM HARBOR, FL 34682 US

New Mailing Address:

122 BOULDER DRIVE
MUSKEGON, MI 49444 US

FEI Number: 43-2037391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, LAWRENCE L
580 BAY STREET
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

NORMAN, LAWRENCE L
8734 WINDING WOOD DRIVE
PORT RICHEY, FL 34668 US

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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORMAN, LAWRENCE L MGRM
Address: 580 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: MEMB (X) Delete
Name: NORMAN, KELLIE S
Address: 580 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORMAN, LAWRENCE L MGRM
Address: 122 BOULDER DRIVE
City-St-Zip: MUSKEGON, MI 49444 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAWRENCE L. NORMAN

MGRM

03/26/2008

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