


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 002 ****50.00

DOCUMENT # L03000054597	
1. Entity Name JOHN R. CURLEY CUSTOM HOMES, L.L.C.	

Principal Place of Business 5800 GASPARILLA ROAD UNIT B-1 BOCA GRANDE, FL 33921	Mailing Address P.O. BOX 644 BOCA GRANDE, FL 33921
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2. Principal Place of Business <i>18 Bunker Terrace</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Rotonda West, FL</i>	City & State
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Zip <i>33947</i>	Country <i>Charlotte</i>	Zip	Country
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01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0886265		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CURLEY, JOHN R 5800 GASPARILLA ROAD UNIT B-1 BOCA GRANDE, FL 33921		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLEY, JOHN R 560 LOOKOUT ALLEY CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18 Bunker Terrace</i> <i>Rotonda West, FL 33947</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>John R. Curley</i>	<i>1-9-06</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #