


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90036 013 \*\*\*\*50.00

<b>DOCUMENT # L03000054597</b> 1. Entity Name <b>JOHN R. CURLEY CUSTOM HOMES, L.L.C.</b>					
Principal Place of Business <b>18 BUNKER TERRACE ROTONDA WEST, FL 33947</b>			Mailing Address <b>P.O. BOX 644 BOCA GRANDE, FL 33921</b>		
2. Principal Place of Business - No P.O. Box # <b>4155 Cape Haze Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Placida, FL</b>		City & State			
Zip <b>33946</b>		Country <b>USA</b>		4. FEI Number <b>20-0886265</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CURLEY, JOHN R 5800 GASPARILLA ROAD UNIT B-1 BOCA GRANDE, FL 33921</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4155 Cape Haze Dr.</b> City <b>Placida</b> <b>FL</b> Zip Code <b>33946</b>		
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 <u><i>John R. Curley</i></u> DATE <u>7/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLEY, JOHN R 18 BUNKER TERRACE ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Curley, John R. 4155 Cape Haze Dr. Placida, FL 33946
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b> <u><i>John R. Curley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/3/07</u>		Daytime Phone # <u>941 270-2045</u>