

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90088 029 \*\*\*\*50.00

<b>DOCUMENT # L04000000637</b> 1. Entity Name <b>SPOTTSWOOD HOMES LLC</b>					
Principal Place of Business <b>4168 OXFORD AVE. JACKSONVILLE, FL 32210</b>			Mailing Address <b>4168 OXFORD AVE. JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1062826</b> APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPOTTSWOOD, JUSTIN 1474 TAMA-RAN PLACE JACKSONVILLE, FL 32259</b>			7. Name and Address of New Registered Agent Name <b>Spottswood, Justin</b> Street Address (P.O. Box Number is Not Acceptable)  <b>4168 Oxford Ave</b> City <b>Jacksonville</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.			FL Zip Code <b>32210</b>		
SIGNATURE <b>X Justin</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>6-13-06</b>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SPOTTSWOOD, JUSTIN 1474 TAMA-RAN PLACE JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <b>X Justin</b>			DATE <b>6-13-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

SPOTTSWOOD HOMES LLC  
4168 OXFORD AVE.  
JACKSONVILLE, FL 32210

Subject: SPOTTSWOOD HOMES LLC

Reference Number: L04000000637

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION