

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

DOCUMENT # L04000003109					
1. Entity Name GILLEY'S CUSTOM HOMES L.L.C.					
Principal Place of Business 3451 S. SALFORD BLVD NORTHPORT FL 34287 US			Mailing Address 3451 S. SALFORD BLVD NORTHPORT FL 34287 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3783452				Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI FL 33130			7. Name and Address of New Registered Agent Name: <u>Brandon Gilley</u> Street Address (P.O. Box Number is Not Acceptable): <u>3451 S. Salford Blvd.</u> City: <u>NORTHPORT</u> FL Zip Code: <u>34287</u>		
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>Brandon Gilley</u> (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLEY, BRANDON S 3451 S. SALFORD BLVD NORTHPORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLEY, BILLY J 3451 S. SALFORD BLVD NORTHPORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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: <u>Brandon Gilley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>2/21/05</u> Phone: <u>941-426-65</u>		