



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90092 009 \*\*\*\*50.00

DOCUMENT # L04000012284					
1. Entity Name US HOMESITES, LLC					
Principal Place of Business 1106 LAKE WILLISARA CIRCLE ORLANDO, FL 32806 US			Mailing Address 1106 LAKE WILLISARA CIRCLE ORLANDO, FL 32806 US		
2. Principal Place of Business <i>One South Orange Ave</i>		3. Mailing Address <i>One South Orange Ave</i>			
Suite, Apt. #, etc. <i>Suite 304</i>		Suite, Apt. #, etc. <i>Suite 304</i>		07062005    Chg-LLC    CR2E083 (10/03)	
City & State <i>Orlando, FL</i>		City & State <i>Orlando, FL</i>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <i>32801</i> Country <i>USA</i>		Zip <i>32801</i> Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEGACY TRUST, LLC 1106 LAKE WILLISARA CIRCLE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name <i>Courtney Gallimore</i> Street Address (P.O. Box Number is Not Acceptable) <i>One South Orange Avenue</i> <i>Suite 304</i> City <i>Orlando</i> FL    Zip Code <i>32801</i>		
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 <i>C. Gallimore</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>07/06/05</i>	
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, INGERSOLL, KEITH R 4037 CONWAY PLACE CIRCLE ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Keith Ingersoll 1106 Lake Willisara Cr Orlando, FL 32806
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date                      Daytime Phone #</small>	