

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012566

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: ARAGON CERTIFIED HOMES, LLC

**Current Principal Place of Business:**

C/O GABRIEL F. ARAGON  
2305 N. CONGRESS AVE. #23  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GABRIEL F. ARAGON  
P.O. BOX 8242  
DELRAY BEACH, FL 33482

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAGON, GABRIEL F  
2305 N. CONGRESS AVE.  
#23  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARAGON, GABRIEL F  
Address: P.O. BOX 8242  
City-St-Zip: DELRAY BEACH, FL 33482

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIEL ARAGON

MGR

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date