

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017358

Entity Name: WROXTON HOMES, LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

690 N.E. 3RD AVE.  
SUITE 103  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1829  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

FEI Number: 20-0788227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, KERRY L  
6618 S. BEAGLE DR.  
HOMOSASSA, FL 34446 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: MGRM ( ) Delete  
Name: ROSSELET, MICHAEL R  
Address: POST OFFICE BOX 1829  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: MGRM ( ) Delete  
Name: FOWLER, KERRY L  
Address: POST OFFICE BOX 1193  
City-St-Zip: CRYSTAL RIVER, FL 34423

**ADDITIONS/CHANGES:**

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

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: MICHAEL R. ROSSELET

MGRM

01/22/2007

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