

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90159 010 ****50.00

DOCUMENT # L04000021435					
1. Entity Name XYZ HOMEBUILDERS, LLC					
Principal Place of Business 3696 N. FEDERAL HIGHWAY, STE. 203 FT. LAUDERDALE, FL 33308			Mailing Address 3696 N. FEDERAL HIGHWAY, STE. 203 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 17751 S.E. 89th Suite, Apt. #, etc. Milford Avenue		3. Mailing Address 17751 S.E. 89th Milford Suite, Apt. #, etc. Avenue			
City & State Lady Lake, FL		City & State Lady Lake, FL		4. FEI Number 06-1722597	
Zip 32162		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQ 317 - 71ST STREET MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFKY, STANLEY 3696 N. FEDERAL HIGHWAY, STE. 203 FT. LAUDERDALE, FL 33308		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR LEVINE 17751 S.E. 89th Milford Avenue Lady Lake, FL 32162	
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	
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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 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: _____ <i>Managing member</i> 02/15/05 786-229-3224					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
ARTHUR LEVINE, Managing member					