

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031263

FILED
Jan 09, 2006
Secretary of State

Entity Name: NATURE COAST HOMES OF WEST FLORIDA, LLC

Current Principal Place of Business:

7257 FOREST OAKS BLVD.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

7257 FOREST OAKS BLVD.
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 51-0515884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASMORE, JEFFERY A
7257 FOREST OAKS BLVD.
SPRING HILL, FL 34606 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: PASMORE, MICHAEL
Address: 443 RACHEL BLVD.
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM () Delete
Name: SCHULTZ, G C
Address: 7245 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM () Delete
Name: PASMORE, JEFFREY
Address: 7245 FOREST OAKS BLVD
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PASMORE, MICHAEL
Address: 4443 RACHEL BLVD.
City-St-Zip: SPRING HILL, FL 34607

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 PASMORE

M

01/09/2006

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