2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90137 017 ****50.00

DOCUMENT # L04000031520

1. Entity Name
PREFERRED BUILDER/DEVELOPER, LLC

Principal Place of Business	Mailing Address
2425 SUMMERFIELD WAY KISSIMMEE, FL 34741	2425 SUMMERFIELD WAY KISSIMMEE, FL 34741

01132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
160 S. Semoran Blvd	160 S. Semoran Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32807 Country: U. S. A.	Zip: 32807 Country: U. S. A.

4. FEI Number: 20-1072671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HADLEY, RALPH V III ESQ
SWANN & HADLEY, P.A.
1031 W MORSE BLVD, STE 350
WINTER PARK, FL 32789

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMPKINS, SERENA F 2425 SUMMERFIELD WAY KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tompkins, Serena F. 160 S. Semoran Blvd Orlando, FL 32807	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPKINS, KEVIN W 2425 SUMMERFIELD WAY KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tompkins, Kevin W. 160 S. Semoran Blvd Orlando, FL 32807	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Serena Tompkins / Serena Tompkins 1/18/06 (407) 382-4127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #