

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031520

FILED
Apr 24, 2008
Secretary of State

Entity Name: PREFERRED BUILDER/DEVELOPER, LLC

Current Principal Place of Business:

160 S. SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

2249 TAMERINE ST
WINTER PARK, FL 32792

Current Mailing Address:

160 S. SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

2249 TAMERINE ST
WINTER PARK, FL 32792

FEI Number: 20-1072671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: TOMPKINS, SERENA F
Address: 160 S.SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: MGR () Delete
Name: TOMPKINS, KEVIN W
Address: 160 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOMPKINS, SERENA F
Address: 2249 TAMERINE ST
City-St-Zip: WINTER PARK, FL 32792

Title: MGR (X) Change () Addition
Name: TOMPKINS, KEVIN W
Address: 2249 TAMERINE ST
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify 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: SERENA F. TOMPKINS

MS.

04/24/2008

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