


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90283 026 ****50.00

DOCUMENT # L04000035693 1. Entity Name HOMES BY HUMPHREY, LLC					
Principal Place of Business 7400 DORMANY LOOP RD. PLANT CITY FL 33565			Mailing Address 7400 DORMANY LOOP RD. PLANT CITY FL 33565		
2. Principal Place of Business 7400 DORMANY LOOP RD. Suite, Apt. #, etc.		3. Mailing Address 7400 DORMANY LOOP RD. Suite, Apt. #, etc.			
City & State PLANT CITY FL.		City & State PLANT CITY FL.		4. FEI Number 37-1496296	
Zip 33565		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHREY, PHILIP E 7400 DORMANY, LOOP RD. PLANT CITY FL 33565			7. Name and Address of New Registered Agent Name MARY E. HUMPHREY Street Address (P.O. Box Number is Not Acceptable) 7400 DORMANY LOOP RD. City PLANT CITY FL 33565		
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 <i>Mary E. Humphrey</i> DATE 3-28-05 <small>(Signature, typed or printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUMPHREY, PHILIP E 7400 DORMANY LOOP RD. PLANT CITY FL 33565	<input 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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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>Philip E. Humphrey</i> Philip E Humphrey 3-28-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					