2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035693

1. Entity Name

HOMES BY HUMPHREY, LLC

Principal Place of Business	Mailing Address
7400 DORMANY LOOP RD. PLANT CITY FL 33565	7400 DORMANY LOOP RD. PLANT CITY FL 33565

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
7400 Dormany Loop Rd	7400 Dormany Loop Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT City, FLA	City & State: PLANT City, FLA
Zip: 33565 Country: Hillborough	Zip: 33565 Country: Hillborough

4. FEI Number 37-1490296 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUMPHREY, MARY E
7400 DORMANY LOOP RD.
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

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 acc[ept] 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000483604 03/22/06--01019--002 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform[ation] 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 o[f the] limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Philip Humphrey 3-21-06 813-293-577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #