


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jun 13, 2005 8:00 am  
Secretary of State**

05-11-2005 90030 039 \*\*\*\*50.00

DOCUMENT # <b>L04000036172</b>	
1. Entity Name <b>Happy Homes, L.L.C.</b>	

**DO NOT WRITE IN THIS SPACE**

**30009303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1005 Capital Circle NW</b>		3. Mailing Address <b>P.O. Box 38579</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>	Zip <b>32304</b>	Country <b>U.S.A.</b>

4. FEI Number <b>56-2462766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>R.W. Kornegay</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1005 Capital Circle NW</b>	
City <b>Tallahassee</b>	FL Zip <b>32304</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<p><b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b></p>	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>R.W. Kornegay 1005 Capital Circle NW Tall., FL 32304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **R.W. Kornegay** **4-29-05** **575-2093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)