

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000036324

FILED
May 19, 2008
Secretary of State**Entity Name:** MOSLEY HOMES LLC**Current Principal Place of Business:**8236 W JAMESTOWN CIRCLE
N. FORT MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**8236 W JAMESTOWN CIRCLE
N. FORT MYERS, FL 33917**New Mailing Address:****FEI Number:** 73-1712947**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOSLEY, TRACEY R II
8236 W JAMESTOWN CIRCLE
N. FORT MYERS, FL 33917 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: MOSLEY, TRACEY R II
Address: 8236 W JAMESTOWN CIRCLE
City-St-Zip: N. FORT MYERS, FL 33917**Title:** MGRM () Delete
Name: GRANT, MATTHEW D II
Address: 8236 W. JAMESTOWN CIR
City-St-Zip: N. FORT MYERS, FL 33917**Title:** MGRM () Delete
Name: MOSLEY, BRANDON
Address: 8236 W. JAMESTOWN CIR
City-St-Zip: N. FORT MYERS, FL 33917**Title:** MGRM (X) Delete
Name: MOSLEY, TRACEY L III
Address: 8236 W. JAMESTOWN CIR
City-St-Zip: N. FT MYERS, FL 33917**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: MOSLEY, TRACEY L III
Address: 8236 W. JAMESTOWN CIR
City-St-Zip: N. FORT MYERS, FL 33917**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACEY R. MOSLEY II

PRES

05/19/2008

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