

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036324

Entity Name: MOSLEY HOMES LLC

FILED
Mar 24, 2009
Secretary of State

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, TRACEY L III
Address: 8236 W. JAMESTOWN CIR
City-St-Zip: N. FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGRM

03/24/2009

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