## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Jul 10, 2006 08:00 AM Secretary of State

| DOOL     | <b>IMENT</b> | # 1 | 0.400 | 0044     | IEOO |
|----------|--------------|-----|-------|----------|------|
| 11111111 | IMHNI        | # 1 | U4UU  | (X) J4 1 | เวษษ |

1. Entity Name
JOHN HIGHSMITH HOMEBUILDERS, LLC

Principal Place of Business

Mailing Address

1705 SERENITY LANE SANIBEL, FL 33957 US 1705 SERENITY LANE SANIBEL, FL 33957 US



07052006 No Chg-LLC

CR2E083 (11/05)

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| - | etern by a selection of |  |
| 4 | FEI Number              |  |
|   | 1 -1 /14/1004           |  |
|   | ~~ 04F7000              |  |
|   | 75-3157892              |  |
|   | 10-0101002              |  |
|   |                         |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and | Address | of | Current | Reg | istered | Agent |
|----|------|-----|---------|----|---------|-----|---------|-------|

HIGHSMITH, JOHN H 1705 SERENITY LANE SANIBEL, FL 33957

## DO NOT WRITE IN THIS SPACE

| SANIBEL, FL 3395/                     |                                                                                           |                    | IN THIS SPACE                                                                                  |  |  |  |  |
|---------------------------------------|-------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------|--|--|--|--|
|                                       | named entity submits this statement for the purpose of chan-<br>ions of registered agent. | ging its registere | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept |  |  |  |  |
| SIGNATURE_                            | Signature, typed or printed name of registered agent and title if applicable.             | (NOTE: Registered  | Agent signesure required when reinesting) DATE                                                 |  |  |  |  |
| Fil<br>Due b                          | ing Fee is \$50.00<br>ny September 6, 2006                                                |                    |                                                                                                |  |  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS                                                                 |                    |                                                                                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>HIGHSMITH, JOHN H<br>1705 SERENITY LANE<br>SANIBEL, FL 33957                      |                    | ·                                                                                              |  |  |  |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP  | MGRM<br>HIGHSMITH, JEFFERY H<br>1705 SERENITY LANE<br>SANIBEL, FL 33957                   |                    | 00000563803<br>07/10/06-80008-010 So.U                                                         |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                           |                    | DO NOT WRITE                                                                                   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                           |                    | IN THIS SPACE                                                                                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                           |                    |                                                                                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                           |                    | emptions contained in Chanter 119. Florida Statutes, I further certify that the information    |  |  |  |  |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 coath; 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:

PHOZEFED ON PRINTED N

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #