

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 048 \*\*\*\*50.00

<b>DOCUMENT # L04000045068</b>					
<b>1. Entity Name</b> FAMILY HOMES, LLC					
<b>Principal Place of Business</b> 1468 ROSADA WAY FORT MYERS, FL 33901			<b>Mailing Address</b> 1468 ROSADA WAY FORT MYERS, FL 33901		
<b>2. Principal Place of Business</b> 6371-A PRESIDENTIAL CT Suite, Apt. #, etc. <b>4</b>			<b>3. Mailing Address</b> 6371-A PRESIDENTIAL CT. Suite, Apt. #, etc. <b>4</b>		
<b>City &amp; State</b> Fort Myers FL		<b>City &amp; State</b> Fort Myers FL		<b>4. FEI Number</b> 20-1251494	
<b>Zip</b> 33919		<b>Country</b> LCC		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CONSOLAZIO, JOELLA M 1468 ROSADA WAY FORT MYERS, FL 33901 <div style="text-align: right; margin-top: 10px;">CHANGE →</div>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 6371-A PRESIDENTIAL CT. City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>	
<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.</b> SIGNATURE <i>Joella M Consolazio</i> DATE <i>5/10/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete RICCIANI, RICHARD R 1468 ROSADA WAY FORT MYERS, FL 33901			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6371-A PRESIDENTIAL CT. FORT MYERS FL 33919
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete CONSOLAZIO, JOELLA M 1468 ROSADA WAY FORT MYERS, FL 33901			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6371-A PRESIDENTIAL CT. FORT MYERS FL 33919
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete CASSANITI, JOSEPH P 1468 ROSADA WAY FORT MYERS, FL 33901			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6371-A PRESIDENTIAL CT. FORT MYERS FL 33919
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joella M Consolazio</i> <span style="float: right;">5/10/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					