

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045225

1. Entity Name
STATEWIDE HOMES LLC



Principal Place of Business
13605 SOUTH DIXIE HIGHWAY, SUITE 434
MIAMI, FL 33176

Mailing Address
13605 SOUTH DIXIE HIGHWAY, SUITE 434
MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number

202195155

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMIRA, RON
13605 SOUTH DIXIE HIGHWAY, SUITE 434
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ARMIRA, RON
STREET ADDRESS 13605 SOUTH DIXIE HIGHWAY, SUITE 434
CITY-ST-ZIP MIAMI, FL 33176

☐ Delete

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10. ADDITIONS/CHANGES

TITLE MGR
NAME Amira, Ron
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2006 MAR -9 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

