

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAR -9 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PK



03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number **202195155** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**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

**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: \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARMIRA, RON	
STREET ADDRESS	13605 SOUTH DIXIE HIGHWAY, SUITE 434	
CITY-ST-ZIP	MIAMI, FL 33176	

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amira, Ron	
STREET ADDRESS		
CITY-ST-ZIP		

700068105877

03/20/06--01020--026 \*\*55.00

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 #