

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050447

FILED
Apr 23, 2006
Secretary of State

Entity Name: FLORIDA NO-QUALIFY HOMES L.L.C.

Current Principal Place of Business:

908 N. GRANT ST.
LONGWOOD, FL 32750

New Principal Place of Business:

4044 W. LAKE MARY BLVD
STE 124
LAKE MARY, FL 32746

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 55-0883924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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: JONES, PETER
Address: 908 N. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, PETER
Address: 4044 W. LAKE MARY BLVD, STE 124
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER JONES

MGRM

04/23/2006

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