

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051241

Entity Name: NUHOMES LLC

FILED
Apr 02, 2006
Secretary of State

Current Principal Place of Business:

8500 GRINSTEAD CT
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8500 GRINSTEAD CT
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-1332379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFIN, ANNIE K
8500 GRINSTEAD CT
ORLANDO, FL 32825 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: COFFIN, ANNIE K
Address: 8500 GRINSTEAD CT
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: COFFIN, STEPHEN C
Address: 8500 GRINSTEAD CT
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: BRADBURY, JAY E
Address: 1298 HILLSTREAM DR
City-St-Zip: GENEVA, FL 32732

Title: MGRM () Delete
Name: BRADBURY, JANET A
Address: 1298 HILLSTREAM DR
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNIE K COFFIN

MGRM

04/02/2006

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