

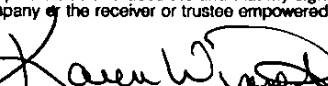


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000051640 1. Entity Name FORTRESS HOMES, LLC			
Principal Place of Business 33212 CAMERTON RD ZEPHYRHILLS, FL 33543 US		Mailing Address 33212 CAMERTON RD ZEPHYRHILLS, FL 33543 US	
DO NOT WRITE IN THIS SPACE			
			
		03302007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1327208	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WINCOTT, KAREN 33212 CAMERTON RD ZEPHYRHILLS, FL 33543		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
U00000737663 05/11/07-80038-002 50.00			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINCOTT, KAREN 33212 CAMERTON RD ZEPHYRHILLS, FL 33543		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINCOTT, DAVID 33212 CAMERTON RD ZEPHYRHILLS, FL 33543		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		4-20-07 813-714-2643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #