2005 LIMITED LIABILITY COMPANY

FILED Feb 24, 2005 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # L04000052323]	02-24-200	•		
DAVID W. THOMAS HOMES, LLC										
					A STATE					
Principal Place of Business 128 N. ANCHORS LAKE DRIVE			Mailing Address			20013303				
SANTA ROSA			128 N. ANCHORS LAKE Santa Rosa Beach, Fi)					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. FEI Numb	Der 20-14	13618	Ar No	oplied For ot Applicable		
Zip	Zip Country		Zip Country		ry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent		Mana	7. Name an	d Address of New	Registered A	gent	
PORATH .	SHANNO	N I	_ Ni		Name					
PORATH, SHANNON L 56 SPIRES LANE 16A			Street Addr		Street Address ((P.O. Box Numb	per is Not Acceptab	le)		
SANTA ROSA BEACH, FL 32459										
					City			FL	Zip Cod	e
	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	d office or register	red agent, or be	oth, in the State of F	iorida. I am fa	miliar with,	and accept
SIGNATURE .	Signature broad	or printed name of registered agent an	d tite if englicable (NOTE	F: Registered	Agent signature required	1 when rematation)	•	DATE		
	Signature, typeo	or printed harme of registered again an	о вор и приновом. — (140 г.	c. magazioi da	Affaur affamore radame					
Filing Fee is \$50.00 Due by May 1, 2005							1			
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Di	iling Fee i ue by May	y 1, 2005	S/MANAGERS	10.	·		Floric	ke check pa la Departme		e
9. TITLE NAME	MGRM THOMAS	MANAGING MEMBER , DAVID W JR.	··	TITLE NAME			Floric	ke check pa la Departme	nt of State	
9. TITLE	MGRM THOMAS 128 N. AN	MANAGING MEMBER	☐ Delete	TITLE NAME STREE			Floric	ke check pa la Departme	nt of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alburd W. Morroz DAVID W. 7740 MAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/05

850-685-0193