

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055343

**FILED**  
**Apr 23, 2006**  
**Secretary of State**

**Entity Name:** HENDERSON BROTHERS HOMES, LLC

**Current Principal Place of Business:**

711 S HOWARD AVENUE  
SUITE 200  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 S HOWARD AVENUE  
SUITE 200  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 20-1607707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDERSON, ALLEN E  
711 S. HOWARD AVNEUE, SUITE 200  
TAMPA, FL 33606 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:** MGR ( ) Delete  
**Name:** HENDERSON BROTHERS., INC.  
**Address:** 711 S HOWARD AVENUE, SUITE 200  
**City-St-Zip:** TAMPA, FL 33606 US

**Title:** P ( ) Delete  
**Name:** ADKINS, WILLIAM M JR  
**Address:** 9950 PRINCESS PALM AVENUE, SUITE 340  
**City-St-Zip:** TAMPA, FL 33619

**ADDITIONS/CHANGES:**

**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:** ALLEN E. HENDERSON

MGR

04/23/2006

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