


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90024 029 *****50.00

DOCUMENT # L04000059856	
1. Entity Name SHOWCASE HOMES OF AMERICA, L.L.C.	

Principal Place of Business 17555 COLLINS AVE., SUITE 3601 SUNNY ISLES BEACH, FL 33160	Mailing Address 17555 COLLINS AVE., SUITE 3601 SUNNY ISLES BEACH, FL 33160
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20038072



2. Principal Place of Business 2881 East OAKLAND PARK BLVD Suite, Apt. #, etc. Suite 117 City & State Fort Lauderdale Zip 33306 Country USA	3. Mailing Address 2881 E. OAKLAND PARK BLVD Suite, Apt. #, etc. Suite 117 City & State Fort Lauderdale Zip 33306 Country USA
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02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 201499156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCLAURIN, JERRY 17555 COLLINS AVE., SUITE 3601 SUNNY ISLES BEACH, FL 33160	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Jerry W. McLaurin Jerry W. McLaurin 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLAURIN, JERRY 17555 COLLINS AVE., SUITE 3601 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOULTON, TERRY 17555 COLLINS AVE., SUITE 3601 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jerry W. McLaurin Jerry W. McLaurin 4/11/05 786/423-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone