2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066150

Entity Name: ENTERPRISE HOMES LLC

FILED Jan 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5214 KINGSBURY STREET JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

5214 KINGSBURY STREET JACKSONVILLE, FL 32205

FEI Number: 34-2017385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COPE, GLENDA F

5214 KINGSBURY STREET

JACKSONVILLE, FL 32205 US

COPE, BENJAMIN A

5214 KINGSBURY STREET

JACKSONVILLE, FL 32205 US

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: BENJAMIN A. COPE 01/30/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: SHEPPARD, ROE N Name: SHEPPARD, ROE N

 Address:
 9642 RONNIE STREET
 Address:
 9642 RONNIE STREET

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:
 JACKSONVILLE, FL 32208

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LESTER, DOUGLAS R
 Name:

 Address:
 7050 JULIET LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 COPE, BENJAMIN A
 Name:
 COPE, BENJAMIN A

 Address:
 5214 KINGSBURY STREET
 Address:
 5214 KINGSBURY STREET

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32205

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COPE, GLENDA F
 Name:

 Address:
 5214 KINGSBURY STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BENJAMIN A. COPE MGR 01/30/2005