

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066807

FILED  
Apr 21, 2005  
Secretary of State

**Entity Name:** EXECUTIVE SPECIALTY HOMES, LLC

**Current Principal Place of Business:**

511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-1607657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESIDENTIAL SERVICES INCORPORATED  
1217 CAPE CORAL PKWY.  
#300  
CAPE CORAL, FL 33904 US

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

HISE, LUCY  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771 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:** LUCY HISE

04/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** CONRAD, STEPHEN R  
**Address:** 511 CENTRAL PARK DRIVE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** MGR ( ) Delete  
**Name:** COOK, BILL  
**Address:** 511 CENTRAL PARK DRIVE  
**City-St-Zip:** SANFORD, FL 32771

**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 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:** STEPHEN R CONRAD

MGR

04/21/2005

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