

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90022 014 \*\*\*\*55.00

DOCUMENT # L04000066807

1. Entity Name  
EXECUTIVE SPECIALTY HOMES, LLC



Principal Place of Business  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

Mailing Address  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

30003352



03012006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1607657

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HISE, LUCY  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

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

*Lucy Hise*

Signature of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

*2/28/06*

DATE

Filing Fee: \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CONRAD, STEPHEN R  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
COOK, BILL  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Stephen R. Conrad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ATTACHMENT

30003352

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

EXECUTIVE SPECIALTY HOMES, LLC  
511 CENTRAL PARK DRIVE  
SANFORD, FL 32771

Subject: EXECUTIVE SPECIALTY HOMES, LLC

Reference Number:

L04000066807

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION