# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066807

1. Entity Name

EXECUTIVE SPECIALTY HOMES, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

511 CENTRAL PARK DRIVE SANFORD, FL 32771 511 CENTRAL PARK DRIVE SANFORD, FL 32771



#### DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applied Sor Not Applicable

5.00 March 1997 St.00 Additional

5. Certificate of Status Desired

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.

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MGR CONRAD, STEPHEN R 511 CENTRAL PARK DRIVE SANFORD, FL 32771 MGR COOK, BILL 511 CENTRAL PARK DRIVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP	

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2-7-07

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 after 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 of the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: XO

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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