

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067138

Entity Name: DAMARI HOMES, LLC

FILED  
Jul 14, 2005  
Secretary of State

**Current Principal Place of Business:**

11440 PARADISE COVE LANE  
WELLINGTON, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

11440 PARADISE COVE LANE  
WELLINGTON, FL 33467

**New Mailing Address:**

FEI Number: 20-1603634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GORDON, REBECCA  
11440 PARADISE COVE LANE  
WELLINGTON, FL 33467      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, REBECCA  
Address: 11440 PARADISE COVE LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: GORDON, DAMIA  
Address: 11440 PARADISE COVE LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: GORDON, DAMEON  
Address: 11440 PARADISE COVE LANE  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: REBECCA GORDON

MGRM

07/14/2005

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