2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000068329

Entity Name: HOMES 4 JAX, LLC

Current Principal Place of Business:

207 SOUTH WALNUT ST
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

105 SANDRA RD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-1532187 **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:

WHIFFEN, MICHAEL
105 SANDRA RD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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:	WHIFFEN, MICHAEL	
Address:	207 S. WALNUT ST	
City-St-Zip:	STARKE, FL 32091	
Title:	MGRM	( ) Delete
Name:	BROWARD, LISA	
Address:	105 SANDRA RD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	MGRM	( ) Delete
Name:	HUGHES, LEE	
Address:	6855 WILSON BLVD., SUITE 9	
City-St-Zip:	JACKSONVILLE, FL 32210	

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: MICHAEL WHIFFEN MGRM 07/06/2005

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