



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90028 027 ****50.00

DOCUMENT # L04000070629					
1. Entity Name EKR HOMES, LLC					
Principal Place of Business 2604 B WATERFORD WAY PALMETTO, FL 34221 US			Mailing Address 2604 B WATERFORD WAY PALMETTO, FL 34221 US		
2. Principal Place of Business 3702 Lake Bayshore Dr Suite, Apt. #, etc. K412 City & State Bradenton FL Zip 34205 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04212006 Chg-LLC CR2E083 (11/05)		4. FEI Number 43-2062485		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent RICHARDSON, EDWARD F 2604 B WATERFORD WAY PALMETTO, FL 34221			
7. Name and Address of New Registered Agent Name Kathleen C. Richardson Street Address (P.O. Box Number is Not Acceptable) Same as #2 City FL Zip Code		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 <u>Kathleen C. Richardson</u> DATE <u>4/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, EDWARD F 2604 B WATERFORD WAY PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, KATHLEEN C 2604 B WATERFORD WAY PALMETTO, FL 34221 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Kathleen C. Richardson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/30/06</u> Daytime Phone # <u>941-758-0765</u>		