## 2007 LIMITED LIABILITY COMPANY

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

Apr 23, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # L04000071352 SOUTHERN HOME BUILDERS OF NORTH CENTRAL FLORIDA LLC Principal Place of Business Mailing Address 500 NORTH MAIN ST 500 NORTH MAIN ST TRENTON, FL 32693 TRENTON, FL 32693 04182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1701219 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, JON DO NOT WRITE 408 NORTH MAIN STREET TRENTON, FL 32693 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) U000000724562 Filing Fee is \$50.00 Due by May 1, 2007 05/02/07-80117-004 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE GRAY, JON NAME STREET ADDRESS 408 NORTH MAIN STREET CITY-ST-7IP TRENTON, FL 32693 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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: 352463 9060 D OR PRINTER SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE