## **FILED** Jan 18, 2008 8:00 am Secretary of State **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT 01-18-2008 90021 010 \*\*\*138.75 DOCUMENT # L04000073062 CHRISTOPHER HOMES, LLC Principal Place of Business Mailing Address 135 TALL TREES CT 135 TALL TREES CT 60002508 SARASOTA, FL 34232 SARASOTA, FL 34232 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1728338 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Darren R. Inverso WILSON, MICHAEL/J 200 SOUTH ORANGE AVENUE SAKASOTA, FL 34236 DO NOT WRITE Norton, Hammersley, Lopez + Skokos, P.A. IN THIS SPACE 1819 Main St. Ste. 610

Sarasota FL 34236			
8. The above named entity alpmits this subterient 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 reinstaling)  DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HILGEMAN, CHRISTOPHER		
STREET ADDRESS	135 TALL TREES CT		
CITY-ST-ZIP	SARASOTA, FL 34232		
TITLE		<del>-</del>	
NAME		]	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT V	MOITE
CITY-ST-ZIP			MKIIE
TITLE		IN THIS S	PACE
NAME		""	// AUL
STREET ADDRESS			
CiTY-ST-ZIP			
TITLE		i	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		Į.	
STREET ADORESS			
CITY-ST-ZIP			
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 rules empowered to execute this report as required by Chapter 608, Florida Statutes.			
( "			

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: