

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076886

Entity Name: JORDAN HOMES, LLC

FILED  
Jul 07, 2005  
Secretary of State

**Current Principal Place of Business:**

2290 OLEANDER RD.  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

2290 OLEANDER RD.  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 20-1779907      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:**

JORDAN, TIMOTHY B  
2290 OLEANDER RD.  
ST. JAMES CITY, FL 33956      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: MGR ( ) Delete  
Name: JORDAN, TIMOTHY B  
Address: 2290 OLEANDER RD.  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM ( ) Delete  
Name: JORDAN, BRIAN T  
Address: 481 NE 72 ST.  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES:**

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: TIMOTHY B JORDAN

MGRM

07/07/2005

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