2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L04000079990

Entity Name: HERBERT HOMES L.L.C.

Current Principal Place of Business:

2845 NW 45TH AVE
CAPE CORAL, FL 33993

New Principal Place of Business:

2006 SW 2ND STREET
CAPE CORAL, FL 33991

Current Mailing Address:

2845 NW 45TH AVE
CAPE CORAL, FL 33993

New Mailing Address:

2006 SW 2ND STREET
CAPE CORAL, FL 33991

FEI Number: 20-2610006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERBERT, RICHARD A OWNER
2845 NW 45TH AVE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

HERBERT, RICHARD A OWNER
2006 SW 2ND STREET
CAPE CORAL, FL 33991 US

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: 04/16/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HERBERT, RICHARD A
Address: 2845 NW 45TH AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM ( ) Delete
Name: HERBERT, MARSHA M
Address: 2845 NW 45TH AVE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HERBERT, RICHARD A
Address: 2006 SW 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change ( ) Addition
Name: HERBERT, MARSHA M
Address: 2006 SW 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD HERBERT MGR 04/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date