2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 02, 2006 8:00 am Secretary of State 04-26-2006 90019 006 ****50.00

National Accesses (P.O. Book Number in Not Accessed New Registrand Agent 2. Principal Place of Business Suita, Apr. F. etc. Suita, A	DOCUMENT # L04000082778 1. Entity Name STRICKLAND HOME BUILDERS, LLC.							04-26-2006	90019 006 ***	*50.00	
Surie. Apr. #, etc. Suite. Apr. #, etc. Suite. Apr. #, etc. Suite. Apr. #, etc. City & State City & State City & State City & State A. FEI Number 20-1883611 Next Applicable Fee Required Fee R	1252 HWY 163			1252 HWY 163			1 MANUAL BANGA	n 1840, ATS) (ASS) WEB 1840 A	0/80 1 (1): 1 0 1 7		
City & State Country Zip Country Zip Country Zip S. Conficient of Status Desired STRICKLAND, JASON R STRICKLAND, JASON	2. Principal Place of Business			3. Mailing Address							
20-1883611 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named order submits the statement for the outpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. 8. The thorn and Address of Current Registered Agent FILING Fords Department of State FILING Fords Department of State 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 14. ADDITIONS/CHANGES 15. ADDITIONS/CHA	Suite, Apt. #, etc.			Suite, Apt. #. etc.		03142008	Chg-LLC	CR2E083 (11/05	•		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. TRICKLAND, JASON R 1/252 PHYY 18.3 WESTVILLE, FL 3/2464 City City FL City City City FL City City City FL City City City City FL City C	City & State			City & State							
STRICKLAND, JASON R 1252 PMY 163 WESTVILLE, FL 32464 City FL Zip Code City FL Zip	Zip	Country		Zip	Zip Country		5. Certificate	of Status Desired			
STREICKLAND, JASON R 1252 HWY 183 WESTVILLE, FL 32464 City FL Zip Code 6. The above normed entity submits the statement for the outpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE THING Fee is \$50.00 THE STRICKLAND, JASON R 10. MARKE Check payable to Priorida Department of State 9. MANAGING MEMBERS //MANAGERS 10. ADDITIONS /CHANGES 11. ADDITIONS /CHANGE		6. Name	and Address of Current R	legistered Agent		Name	7. Name and	Address of New R	egistered Agent		
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordis. I am flamiliar with, and accept the obligations of registered agent. SIGNATURE: City	- · · - · - · · · · · · · · · · · · · ·					P.O. Box Numb	er is Not Acceptable)			
B. The above named entity submits this statement for the outpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: SIGNATURE	WESTVILL	.E, FL 324	464 .		ļ						
8. The above neurod critily submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE	١,				1	City			FL Zip Co	de	
SIGNATURE Spring Fee is \$30.00 Due by May 1, 2006 Due by May 1, 2008 Due by May 1, 2	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										
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IRLE MORRY M732. Deele MILE STRICKLAND, JASON R STRICKLAND, JASON R 1252 HWY 183 WESTYLLE, FL 32464 WESTYLLE, FL 32464 WESTYLLE, FL 32464 WESTYLLE, FL 32465 ITHE MARK STRICKLAND, WILLIE THE MARK STRICKLAND, WILLIE THE STRICKLAND, WILLIE THE JAMES STRICK	SIGNATURE										
ITILE MACRIMENT MASSAL Delete MACRIMENT MASSAL Delete MACRIMENT MASSAL DELETE MADRESS CITY-ST-2P MACRIMENT MACRIMENT MASSAL DELETE MATERIAL MACRIMENT MACRIMENT MASSAL DELETE MASSAL DELETE MATERIAL MACRIMENT MASSAL DELETE MASSAL DELETE MASSAL DELETE MATERIAL MACRIMENT MASSAL DELETE	Filing Fee is \$50.00 Due by May 1, 2006						<u>-</u>			te	
STRICKLAND, JASON R SIRET ADDRESS CITY-ST-2P TITLE MGRM STRICKLAND, WILLIE TITLE MGRM STRICKLAND, WILLIE TITLE MGRM STRICKLAND, WILLIE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADD	9.	<u> </u>		RS/MANAGERS	10.			ADDITIONS/	CHANGES		
STREET ADDRESS CITY-ST-2P WESTVILLE, FL 32464 V:Cr President STREET ADDRESS CITY-ST-2P MAGRM STRICKLAND, WILLIE 1148 GROVER LEWIS RD BONIFAY, FL 32425 STREET ADDRESS CITY-ST-2P TITLE NAME 12 52 Thick Clearly Recorder AV: Debts STREET ADDRESS CITY-ST-2P TITLE NAME 12 52 Thick Clearly Recorder AV: Debts STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P			• • •	☐ Delete		•			☐ Change	Addition	
STREET ADDRESS CITY-ST-2P TITLE MAKE 12.5.2. THANG 12.3 Detail STREET ADDRESS CITY-ST-2P TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	STREET ADDRESS	1252 HWY 163 Vice Parcide +				ET ADDRESS					
STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE MAKE STRE	1	1	AA15 1481 1 15	Delete:					Change	Addition	
TITLE STRICER Land, Brusstin AL. Oelete MAME SIRRET ADDRESS CITY-ST-7P TITLE MAME STREET ADDRESS CITY-ST-7P	:	· ·			NAM	i i					
NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP					STRE	ET ADORESS					
THE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-Z		BONIFAY	', FL 32425		CITY-	-\$T-ZIP			70		
THE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-Z	TITLE	BONIFAY	FL 32425	C Delete	CITY-	-\$T-ZIP			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filling 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 SSO 546-0217	TITLE NAME STREET ADDRESS	BONIFAY	FL 32425	Prosident	CITY- TITLE NAME STREE	- ST-ZIP E E E1 ADORESS			☐ Change	Addition	
CITY-ST-ZP ITTLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filling 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 850 546-0217	TITLE NAME SIREET ADDRESS CITY-SI JTP	BONIFAY	FL 32425	President	CITY- TITLE HAME STREE CITY-	- ST-ZIP E E ST-ZIP I ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filling 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 850 576-0217	TITLE NAME STREET ADDRESS CITY-ST ITP TITLE NAME	BONIFAY	FL 32425	President	CITY- TITLE NAME STREE CITY- TITLE NAME	- ST-ZIP E E ADDRESS - ST-ZIP E					
CITY-ST-ZP ITITE ITIT	TITLE NAME SIREET ADDRESS CITY-SI JP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONIFAY	FL 32425	President	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	- ST-ZIP E EN ADORESS - ST-ZIP E ET ADORESS - ST-ZIP			☐ Change	☐ Addition	
SIRECT ADDRESS 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 affect as if made under oath; that I am a managing member or manager of the timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 850 546-0217	TITLE NAME STREET ADDRESS CITY-ST 7P THE NAME STREET ADDRESS CITY-ST-ZP TITLE	BONIFAY	FL 32425	President	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	-ST-ZIP ET ADORESS -ST-ZIP ET ADORESS -ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: 4-17-06 850 518ET ADDRESS 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST TP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BONIFAY	FL 32425	President	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	-ST-ZIP E E ADORESS -ST-ZIP E E T ADORESS -ST-ZIP E E ET ADORESS			☐ Change	☐ Addition	
11. Thereby 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 850 546-0217	TITLE NAME STREET ADDRESS CITY-ST TIP THE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE THE THE THE THE THE THE THE THE TH	BONIFAY	FL 32425	President Detate	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE TITLE TITLE TITLE	-ST-ZIP E ADORESS -ST-ZIP E T ADORESS -ST-ZIP E T ADORESS -ST-ZIP			☐ Change	Addition	
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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-17-06 850 546-0217	ITILE NAME SIREE: ADDRESS CITY-SI_TP THE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SIREET ADDRESS SIREET ADDRESS	BONIFAY	FL 32425	President Detate	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE	-ST-ZIP E EL ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP			☐ Change	Addition	
SIGNATURE: 4-17-06 850 546-0217	ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONIFAY STRICE 12 52 W & ST	(FL 32425 Ethnel Broadin Al Thury (L3 TYILE FL 32412)	President Detate Detate	CITY- TITLE NAME STREE CITY-	- ST-ZIP E E ADORESS - ST-ZIP E E T ADORESS - ST-ZIP E ET ADORESS - ST-ZIP E ET ADORESS - ST-ZIP	in Chanter 119	Elwida Statutes I fu	☐ Change	Addition Addition	
	TITLE NAME STREET ADDRESS CITY-ST TIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	STRICE 12 52 West	FL 32425 ELAND, BROWING AND THOME 113 FORLE. FL 3 1 1 2 3 1	Delete Delete Delete Delete	CITY- TITLE STREE CITY- TITLE MAME STREE CITY- TITLE THE SAME	-ST-ZIP ET ADORESS -ST-ZIP	nade under oath	n; that I am a managi	Change	Addition Addition	