

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90019 006 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L04000082778</b><br>1. Entity Name<br><b>STRICKLAND HOME BUILDERS, LLC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>1252 HWY 163<br/>WESTVILLE, FL 32464</b>   |   |  | Mailing Address<br><b>1252 HWY 163<br/>WESTVILLE, FL 32464</b>   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>STRICKLAND, JASON R</b><br><b>1252 HWY 163</b><br><b>WESTVILLE, FL 32464</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><br>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) DATE _____   |   |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGRM M32 <input type="checkbox"/> Delete        |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | STRICKLAND, JASON R                             |  | NAME   |   |  |
| STREET ADDRESS   | 1252 HWY 163                                    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WESTVILLE, FL 32464 <i>Vice President</i>       |  | CITY-ST-ZIP  |   |  |
| TITLE  | MGRM <input checked="" type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | STRICKLAND, WILLIE                              |  | NAME   |   |  |
| STREET ADDRESS   | 1148 GROVER LEWIS RD                            |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | BONIFAY, FL 32425                               |  | CITY-ST-ZIP  |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | STRICKLAND, JASON R                             |  | NAME   |   |  |
| STREET ADDRESS   | 1252 HWY 163                                    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WESTVILLE, FL 32464 <i>President</i>            |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete                 |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |   |  | NAME   |   |  |
| STREET ADDRESS   |   |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete                 |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |   |  | NAME   |   |  |
| STREET ADDRESS   |   |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |   |  | 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |   |  |
| <b>SIGNATURE:</b>  |   |  | 4-17-06 850 546-0217   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date Daytime Phone #   |   |  |