



# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000085949						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 OCT 28 AM 8:34	
1. Entity Name BRUBAKER HOMES, LLC							
Principal Place of Business 3424 HEARTWOOD LANE MELBOURNE, FL 32934				Mailing Address 3424 HEARTWOOD LANE MELBOURNE, FL 32934			
2. Principal Place of Business 656 HAWKSBILL ISLAND DR		3. Mailing Address 656 HAWKSBILL ISLAND DR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0192005 Chg-LLC CR2E083 (10/03)			
City & State SATELLITE BEACH, FL		City & State SATELLITE BEACH, FL		4. FEI Number 20-1932491		Applied For Not Applicable	
Zip 32937		Country USA		Zip 32937		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent  BRUBAKER, MICHAEL 3424 HEARTWOOD LANE MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name <u>Michael - Brubaker</u> Street Address (P.O. Box Number is Not Acceptable) <u>656 HAWKSBILL ISLAND DR</u> City <u>SATELLITE BEACH</u> FL <u>32937</u> Zip Code			
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.							
SIGNATURE <u>M Brubaker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/19/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUBAKER, MICHAEL 3424 HEARTWOOD LANE MELBOURNE, FL 32934 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUBAKER, MICHAEL 656 HAWKSBILL ISLAND DR, SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 <u>M Brubaker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>10/19/05</u> 321-432-0235 <small>Daytime Phone #</small>			