

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90043 011 \*\*\*\*50.00

**DOCUMENT # L04000087112**

1. Entity Name  
**MULTINATIONAL HOMES, LLC**



Principal Place of Business

**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**

Mailing Address

**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1951020**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent.

**ESPOSITO, ALESSANDRO H  
12701 S JOHN YOUNG PKWY  
STE 209  
ORLANDO, FL 32837**

**DO NOT WRITE  
IN THIS SPACE**

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: ALESSANDRO ESPOSITO / MGRM  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
01/19/2006

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ESPOSITO, ALESSANDRO H  
12701 S JOHN YOUNG PKWY STE 209  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NOTARO, JOSE A  
12701 S JOHN YOUNG PKWY STE 209  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ESPOSITO, ANTONIO E  
12701 S JOHN YOUNG PKWY STE 209  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ESPOSITO, ALBERTO S  
12701 S JOHN YOUNG PKWY STE 209  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: ALESSANDRO ESPOSITO MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #