

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000087893

Entity Name: MILAR CUSTOM HOMES, LLC

FILED  
Jul 19, 2006  
Secretary of State

## Current Principal Place of Business:

11555 CENTRAL PARKWAY  
SUITE 304  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

## Current Mailing Address:

172 CATTAIL CIRCLE  
JACKSONVILLE, FL 32259

## New Mailing Address:

11555 CENTRAL PARKWAY  
SUITE 304  
JACKSONVILLE, FL 32224

FEI Number: 20-1973141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULTON, LARRY G  
172 CATTAIL CIRCLE  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

BOURRE, MICHAEL P  
11555 CENTRAL PARKWAY  
SUITE 304  
JACKSONVILLE, FL 32224 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: MICHAEL P. BOURRE

07/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FULTON, LARRY G  
Address: 172 CATTAIL CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: BOURRE, MICHAEL P  
Address: 11555 CENTRAL PARKWAY SUITE 304  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM (X) Delete  
Name: GOODWYN, BARBARA D  
Address: 1640 POWERS FERRY RD, BLDG 22 STE 300  
City-St-Zip: MARIETTA, GA 30067

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOURRE, MICHAEL P  
Address: 11555 CENTRAL PARKWAY  
City-St-Zip: SUITE 304, FL 32224

Title: MGRM (X) Change ( ) Addition  
Name: GOODWYN, BARBARA D  
Address: 1640 POWERS FERRY RD. BLDG 22 STE 300  
City-St-Zip: MARIETTA, GA 30067

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL P. BOURRE

MGRM

07/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date