

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087893

Entity Name: MILAR CUSTOM HOMES, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

1320 HARBOR ROAD  
SUITE 3  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

1320 HARBOR ROAD  
SUITE 3  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: 20-1973141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURRE, MICHAEL P  
1320 HARBOR ROAD  
SUITE 3  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOURRE, MICHAEL P  
Address: 1320 HARBOR ROAD, SUITE 3  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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 BOURRE

MGRM

04/25/2007

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