2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L04000090316

Entity Name: HOME VISIONS CUSTOM HOMES, LLC

Current Principal Place of Business:

1914 BISCAYNE BLVD.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1914 BISCAYNE BLVD.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-2005869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HOME VISIONS, FRAMING WITH STEEL, INC.
1914 BISCAYNE BLVD.
SUITE A
NAVARRE, FL 32566 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: DOROTHY A. CINATO, MGRM 04/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HOME VISIONS-FRAMING, WITH STEEL, I N C.
Address: 1914 BISCAYNE BLVD.
City-St-Zip: NAVARRE, FL 32566

Title: MBR ( ) Delete
Name: VAUGHN'S DRYWALL & P, AINTING, INC.
Address: 8696 SANDPINE DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: VAUGHN'S DRYWALL & P, AINTING, INC.
Address: 8696 SANDPINE DRIVE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOROTHY A.. CINATO MGRM 04/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date