2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090941

Entity Name: SHANNON HOMES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2213 W. SOCRUM LOOP RD. LAKELAND, FL 33810	2129 W. SOCRUM LOOP RD. LAKELAND, FL 33810

Current Mailing Address:	**New Mailing Address:**
PO BOX 826 KATHLEEN, FL 338490826	

FEI Number: 20-2329578   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ROBINSON, JUDY 2213 W. SOCRUM LOOP RD. LAKELAND, FL 33810 US	ROBINSON, JUDY 2129 W. SOCRUM LOOP RD. LAKELAND, FL 33810 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: _____   04/19/2007
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	ROBINSON, DALE E		Name:	ROBINSON, DALE E
Address:	2213 W. SOCRUM LOOP RD.		Address:	2129 W. SOCRUM LOOP RD.
City-St-Zip:	LAKELAND, FL 33810		City-St-Zip:	LAKELAND, FL 33810
Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	ROBINSON, JUDY E		Name:	ROBINSON, JUDY E
Address:	2213 W. SOCRUM LOOP RD.		Address:	2129 W. SOCRUM LOOP RD.
City-St-Zip:	LAKELAND, FL 33810		City-St-Zip:	LAKELAND, FL 33810

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: JUDY E. ROBINSON   MGRM   04/19/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date