

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000093450

1. Entity Name
FLORIDA RESIDENTIAL HOUSING GROUP LLC



Principal Place of Business
12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223

Mailing Address
P.O. BOX 56593
JACKSONVILLE, FL 32241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET, STE. 3300
JACKSONVILLE, FL 32202

Name *William A. O'Leary*

Street Address (P.O. Box Number is Not Acceptable)

12143 Dividing Oaks Trail East

City *Jacksonville*

FL *32223*

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 *Wm A. O'Leary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE *MGRM*
NAME *William A. O'Leary*
STREET ADDRESS *12143 Dividing Oaks Trail East*
CITY-ST-ZIP *Jacksonville, FL 32223*

Delete

10.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Wm A. O'Leary

3-11-05

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

Date

Daytime Phone #

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 046 ****50.00

