

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094380

Entity Name: HEALTHY HOMES, LLC

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

1333 COLLEGE PKWY. #192
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1333 COLLEGE PKWY. #192
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 65-1239205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REEVES, CYNTHIA V
1333 COLLEGE PKWY. #192
GULF BREEZE, FL 32563 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REEVES, CYNTHIA V
Address: 1148 KELTON BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete
Name: REEVES, TIMOTHY F
Address: 1148 KELTON BLVD
City-St-Zip: GULF BREEZE, FL 32563

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 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: TIMOTHY F. REEVES

MGRM

07/18/2005

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