


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90040 012 \*\*\*\*50.00

DOCUMENT # L05000001293  
 1. Entity Name  
 FLORIDA LIFESTYLE HOME BUILDERS, L.L.C.



Principal Place of Business  
 100 FOX FIRE CIRCLE  
 DAYTONA BEACH, FL 32114

Mailing Address  
 100 FOX FIRE CIRCLE  
 DAYTONA BEACH, FL 32114

2. Principal Place of Business  
 525 CARSWELL AVE  
 Suite, Apt. #, etc.  
 SUITE 0

3. Mailing Address  
 525 CARSWELL AVE  
 Suite, Apt. #, etc.  
 SUITE 0

City & State  
 HOLLY HILL FLORIDA  
 Zip  
 32117  
 Country  
 Volusia

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 Zip  
 32117  
 Country  
 Volusia



03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 20-2212474

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NIELSEN, DONALD C  
 100 FOX FIRE CIRCLE  
 DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent  
 Name  
 DONALD C NIELSEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 525 CARSWELL AVE UNIT 0  
 HOLLY HILL FL 32117  
 City  
 FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO POUSON, THOMAS 3765 JOHN ANDERSON DR ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O PAWSON THOMAS 3765 JOHN ANDERSON DR. ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  THOMAS PAWSON 3/29/06 386248-1281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #