

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005202

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMERICAN INTEGRITY HOMES-FLORIDA, L.L.C.

Current Principal Place of Business:

714 BROOKRIDGE DRIVE
SUITE 104
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

714 BROOKRIDGE DRIVE
SUITE 104
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 56-2538701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORWOOD, EDWIN F JR
714 BROOKRIDGE DRIVE
SUITE 104
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: NORWOOD, EDWIN F JR
Address: 714 BROOKRIDGE DRIVE, SUITE 104
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM () Delete
Name: GALLOWAY, DALBERT
Address: 7 N. PATHFINDERS CIRCLE
City-St-Zip: WOODLANDS, TX 77381

Title: MGRM () Delete
Name: SISSLE, NOBLE JR
Address: P.O. BOX 1217
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES:

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

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 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: EDWIN F. NORWOOD, JR.

MGRM

04/30/2009

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