

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90037 027 ****50.00

DOCUMENT # L05000008971

1. Entity Name

READY HOMES LLC



Principal Place of Business
6180 S.E. 126TH LANE
BELLEVIEW FL 34420

Mailing Address
6180 S.E. 126TH LANE
BELLEVIEW FL 34420



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPIANO, PHILIP
6180 S.E. 126TH LANE
BELLEVIEW FL 34420

Name

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
LOPIANO, ANTHONY
STREET ADDRESS
2136 CONTINENTAL AVE.
CITY- ST- ZIP
BRONX NY 10461 ☐ Delete

TITLE
NAME
LOPIANO, Anthony
STREET ADDRESS
10205 S.E. 42nd Ct
CITY- ST- ZIP
Belleview, FL 34420 ☒ Change ☐ Addition

TITLE
NAME
MGRM
LOPIANO, PHILIP
STREET ADDRESS
6180 S.E. 126TH LANE
CITY- ST- ZIP
BELLEVIEW FL 34420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
MGRM
LEONELLI, ROBERT
STREET ADDRESS
55 MCKINLEY AVE
CITY- ST- ZIP
WHITE PLAINS NY 10606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
MGRM
OLIVO, MARK
STREET ADDRESS
65 MOBREY LANE
CITY- ST- ZIP
SMITHTOWN NY 11787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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 exemptions contained in Section 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:

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

1/27/07

352-506-2880

Daytime Phone #