

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009093

Entity Name: FINESSE HOMES, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

1936 LEVINE LANE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

1936 LEVINE LANE
CLEARWATER, FL 33760

New Mailing Address:

13447 99TH AVE. N.
SEMINOLE, FL 33776

FEI Number: 72-1594030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NASSERI, CALEB
1936 LEVINE LANE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

NASSERI, CALEB
13447 99TH AVE. N.
SEMINOLE, FL 33776 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: CALEB T. NASSERI

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: NASSERI, CALEB T
Address: 13447 99TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM () Change (X) Addition
Name: FOWLER, RYAN O
Address: 424 BENWICK WAY
City-St-Zip: LEWISVILLE, TX 75076

Title: MGRM () Change (X) Addition
Name: STERN, JARED A
Address: 14848 ENCLAVE PRESERVE CIR. C2
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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: CALEB NASSERI

MGRM

04/29/2006

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