2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90224 009 ***138.75

DOCUMENT # L05000018732 1. Entity Name REPUBLIC HOMES OF FLORIDA, LLC							04-07-2008	8 90224	009 ****13	58.75
Principal Place of Business 1151 NORTH ORANGE AVENUE WINTER PARK, FL 32789			Mailing Address 1151 NORTH ORANGE AVENUE WINTER PARK, FL 32789							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182008	Chg-LLC	CR2E	083 (12/06)	_
City & State			City & State			4. FEI Numb 20-245			<u> </u>	oplied For ot Applicable
Zip	Country		Zip Coun		ry	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
6. Name and Address of Current R			egistered Agent Name		Name	7. Name and	d Address of New	Registered	Agent	
TATICH, P 341 NORT MAITLAND	'H MAITLA	NND AVENUE STE. 34 51	40	ļ	Street Address	(P.O. Box Numb	per is Not Acceptab	le)		
		÷		-	City	 		F	Zip Cod	е
	named entity	y submits this statement for ered agent.	the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of F		-	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating)		DATE		
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75							payable to nent of Stat	е
9.		MANAGING MEMBER	RS/MANAGERS 10.				ADDITIONS	CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, HOWARD B 1151 NORTH ORANGE AVENUE WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFORI 1151 NOF	D, JAMES RTH ORANGE AVENUE PARK, FL 32789	X Delete	TITLE NAME STREE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ De!ele		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
11. I hereby of indicated limited lia	certify that the certify that the certify that the certific that t	e information supplied with rt is true and accurate and to ny or the receiver or trustee	this filling does not qualify to hay my signature shall have empowy feet to execute this	or the exer the same report as	mptions contained legal effect as if required by Cha	d in Chapter 119 made under oai pter 608, Florida	9, Florida Statutes, I th; that I am a mana a Statutes.	further certaging mem	ify that the infeber or manag	ormation er of the