

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028554

Entity Name: NEWCOMER HOMES LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

4309 67TH AVENUE CIRCLE E
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20614
BRADENTON, FL 34204 US

New Mailing Address:

FEI Number: 20-2544269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, NOEL
1872 TAMiami TRAIL S
SUITE G
VENICE, FL 34293 US

Name and Address of New Registered Agent:

BARICH, GLENN
4309 67TH AVE CIR E
SARASOTA, FL 34243 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: GLENN BARICH

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARICH, GLENN R
Address: 4309 67TH AVENUE CIRCLE E
City-St-Zip: SARASOTA, FL 34243 US

Title: MGRM () Delete
Name: NEWCOMER, DEREK W
Address: 7602 TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34243 US

Title: MGRM () Delete
Name: FISHER, ROBERT J
Address: 5909 RAVENWOOD DRIVE
City-St-Zip: SARASOTA, FL 34243 US

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 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: GLENN BARICH

MM

04/12/2007

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