

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Jun 22, 2006 8:00 am
Secretary of State

05-31-2006 90056 006 ****50.00

30011009



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000028641					
1. Entity Name COVENANT HOME BUILDERS LLC					
Principal Place of Business 3714 BAYTREE ROAD LYNN HAVEN FL 32444 US			Mailing Address 3714 BAYTREE ROAD LYNN HAVEN FL 32444 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2541661	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTTO, HOMER S 3133 MEADOW STREET LYNN HAVEN FL 32444			7. Name and Address of New Registered Agent Name Homer S. Hutto Street Address (P.O. Box Number is Not Acceptable) 3714 Bay Tree Rd City Lynn Haven FL FL 32444		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUTTO, HOMER S 3133 MEADOW STREET LYNN HAVEN FL 32444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hutto Homer S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3714 Bay Tree Rd Lynn Haven FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Homer S. Hutto 5-26-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

30011009

#105000028641

Date of this notice: 04-06-2005


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|||||

Employer Identification Number:
20-2541661

Form: SS-4

Number of this notice: CP 575 A


COVENANT HOME BUILDERS LLC
HUTTO HOMER S MBR
3133 MEADOW ST
LYNN HAVEN FL 32444

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-2541661. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941
Form 1065
Form 940

04/30/2005
04/15/2006
01/31/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

05/28/2005 11:16 FAX

ATTACHMENT

30011009

001/002

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
PO BOX 9003
HOLTSVILLE, NY 11742
FAX: (631) 687-3990
PHONE: 1-800-829-4933



#L05000028641

IRS Employee # 0132858076

Team # 102

Date: March 25, 2005

MN

Request for Missing Information to Validate Internet EIN

To: HOMER S HUTTO

Fax: (850)913-1527

EIN: 20-2541681

We are returning your Internet Form SS-4 (Application for an Employer Identification Number) because we need more information. Please complete the missing information indicated below and send the original documents to us at the address above or fax them to (631) 687-3990 within ten days. In case we need further information, please provide us with your telephone number and the best hours to contact you. Please do not attempt to correct or re-submit the application through the on-line SS-4 Program.

Telephone: (850) 769-0953

Fax: (850) 913-1527

Hours Available: 7am - 10am

4pm - 10pm

PLEASE NOTE:

IMPORTANT: In order to validate your Internet EIN we will need you to supply us with the information indicated below along with the completed Form SS-4. Please include this coversheet and FAX them to (631) 687-3990 or mail them to the address above within ten days. Please note that your Internet EIN will not be valid for any purpose until the requested information is received.

In order for us to process your Application for Employer Identification Number for your Limited Liability Company you must indicate how your business will be classified.

✓ If you have more than one member you would be classified as a partnership.

If you have only one member you would be classified as a disregarded entity.

If you want to be classified as a corporation you must indicate whether you are a single member or multiple member LLC, then when you receive your Employer Identification Number you must file Form 8832 with the Philadelphia Service Center. Form 8832 can be obtained at (800) 829-3676 or through the internet at www.irs.gov.

RE: COVENANT HOME BUILDERS LLC

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.