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01112006 Chg-LLC CR2E083 (11/05)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031426

1. Entity Name
FERRARO HOME BUILDERS LLC

Principal Place of Business	Mailing Address
807 PARADISE WAY SARASOTA, FL 34242	807 PARADISE WAY SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
807 PARADISE WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State
Zip: 34242 Country: SARASOTA	Zip Country

4. FEI Number 27-0144837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, JOHN
807 PARADISE WAY
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRARO, JOHN 807 PARADISE WAY SARASOTA, FL 34242	☐ 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
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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 Chapter 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: John R. Ferraro 1-11-06 9413561789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #