


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000047292
1. Entity Name
PELEGRINI CUSTOM HOMES, L.L.C.



Principal Place of Business
5230 FAIRWAY OAKS DRIVE
WINDERMERE, FL 34786

Mailing Address
5230 FAIRWAY OAKS DRIVE
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE



02192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-2952988	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

CRAWFORD, JIMMY D
5230 FAIRWAY OAKS DRIVE
WINDERMERE, FL 34786

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELEGRINI, LINDA 5230 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRACE, DAVID 5230 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786
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06/04/07-80001-019 50.00

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: *Linda Pellegrini* x *2/26/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #