

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 9:48

DOCUMENT # L05000047292

1. Entity Name
PELLEGRINI CUSTOM HOMES, L.L.C.



Principal Place of Business

5230 FAIRWAY OAKS DRIVE
WINDERMERE, FL 34786
5728 Major Blvd.
Suite 176
Orlando, Florida 32819

Mailing Address

5230 FAIRWAY OAKS DRIVE
WINDERMERE, FL 34786
5728 Major Blvd.
Suite 176
Orlando, Florida 32819



03102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2952988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Robert Gatton
390 N. Orange Aveune
Suite 1400
Orlando, Florida 32801

**DO NOT WRITE
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

Robert D. Gatton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

300136150153
09/19/08--01042--023 **\$38.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	5728 Major Blvd., Suite 176
NAME	PELLEGRINI, LINDA	Orlando, Fl. 32819
STREET ADDRESS	5230 FAIRWAY OAKS DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34786	

TITLE	MGR	5728 Major Blvd., Suite 176
NAME	GRACE, DAVID	Orlando, Florida 32819
STREET ADDRESS	5230 FAIRWAY OAKS DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34786	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 J. Pellegrini* LINDA J. PELLEGRINI 3/20/08

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

Date

Daytime Phone #