2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L05000047878

Entity Name: SIGNATURE HOMES OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

123 BROOKWOOD DRIVE
LAGRANGE, GA 30240 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1467
LAGRANGE, GA 30241 US

New Mailing Address:

FEI Number: 32-0149257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, RIVARD, ZIMMERMAN & BENNETT, CHT
101 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WINSLOW, E. DEFOREST III
Address: P.O. BOX 1467
City-St-Zip: LAGRANGE, GA 30241 US

Title: MGRM ( ) Delete
Name: MOODY, RAYMOND L JR.
Address: 303 VICTORIA POINT
City-St-Zip: LAGRANGE, GA 30240 US

Title: MGRM ( ) Delete
Name: MOODY, RAYMOND L III
Address: 123 BROOKWOOD DRIVE
City-St-Zip: LAGRANGE, GA 30240 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 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: RAYMOND L, MOODY MR. 04/01/2008

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