## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L05000051561** 01-23-2006 90140 045 \*\*\*\*55.00 1. Entity Name LUNAMAR HOMES, LLC Principal Place of Business Mailing Address **5128 HALTATA COURT** 5128 HALTATA COURT 20001956 NEW PORT RICHEY, FL 34655-4364 NEW PORT RICHEY, FL 34655-4364 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2973735 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOROWITZ, MICHAEL I 501 E. KENNEDY BLVD., STE. 1700 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee Is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRN TITLE TITLE Change **2** Addition Delete LUNAMAR HOLDINGS NAME NAME 5128 HALTATA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

LA PORE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED Jan 23, 2006 8:00 am