## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054912

Entity Name: COMPASS HOMES OF NORTHWEST FLORIDA, LLC

FILED Feb 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

913 VIEW CT 679 CARVER CIR.

ALFORD, FL 32420 US ALFORD, FL 32420 US

Current Mailing Address: New Mailing Address:

P.O. BOX 460 679 CARVER CIR.

ALFORD, FL 32420 US ALFORD, FL 32420 US

FEI Number: 72-1600710 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, CHARLES M
913 VIEW CT
ALFORD, FL 32420 US
SMITH, CHARLES M
6563 FEDERAL STREET
NAVARRE, FL 32566 US

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: CHARLES M.SMITH 02/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 SMITH, CHARLES M
 Name:
 SMITH, CHARLES M

 Address:
 913 VIEW CT
 Address:
 6563 FEDERAL STREET

 City-St-Zip:
 ALFORD, FL 32420 FL
 City-St-Zip:
 NAVARRE, FL 32566 FL

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ANDERSON, ERIC J
 Name:

 Address:
 679 CARVER
 Address:

 City-St-Zip:
 ALFORD, FL 32420
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES M. SMITH MRM 02/20/2007