

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055810

FILED
Jan 23, 2006
Secretary of State

Entity Name: URBAN CRAFTSMAN HOMES OF FLORIDA LLC

Current Principal Place of Business:

811 W. PIERSON DR
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

5122 31ST AVE SOUTH
GULFPORT, FL 33707 US

Current Mailing Address:

797 MORELAND AVE SE
ATLANTA, GA 30316

New Mailing Address:

5122 31ST AVE SOUTH
GULFPORT, FL 33707

FEI Number: 20-3025056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, HARRY
811 W. PIERSON DR
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

SANDERS, ANDRE
5122 31ST AVE SOUTH
GULFPORT, FL 33707 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: ANDRE KEITH SANDERS

01/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDERS, ANDRE K
Address: 797 MORELAND AVE SE
City-St-Zip: ATLANTA, GA 30316 US

Title: MGRM () Delete
Name: MCKELVIN, GEORGE H III
Address: 9175 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 336472231 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, ANDRE K
Address: 5122 31ST AVE SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: () Change () Addition
Name:
Address:
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: ANDRE KEITH SANDERS

MGRM

01/23/2006

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