From: Brenda Johnson Fax: +1 (866) 639-3342 To: Tom WHittaker Fax: +1 (941) 493-32[illegible] 7/1[illegible]

FILED
Aug 18, 2008 8:00 am
Secretary of State
07-10-2008 90054 023 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062675

1. Entity Name
NEW SUNCOAST HOMES, LLC

Principal Place of Business	Mailing Address
164 CLEAR LAKE DRIVE ENGLEWOOD, FL 34223	475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714

07012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	164 Clear Lake Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Englewood, FL
Zip / Country	Zip: 34223 / Country

4. FEI Number: 20-3043900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLEY, GOLDBERG, LEACH & COHN, PL 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714	Name: Dowd, Whittaker & Associates, CPAs, PA Street Address (P.O. Box Number is Not Acceptable): 1521 S. Tamiami Trail, Suite 303 City: Venice FL Zip Code: 34285-5567

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 [signature] 8/13/08
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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARK		NAME		
STREET ADDRESS	164 CLEAR LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, BRENDA K		NAME		
STREET ADDRESS	164 CLEAR LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ 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.

SIGNATURE: Mark D Johnson 7-7-08 941-735-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #