

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062970

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: FLORIDA ARCHITECTURAL HOMES, LLC

**Current Principal Place of Business:**

20355 NE 34TH COURT, #1626  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20355 NE 34TH COURT, #1626  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-3055389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALPAY NUH, AHMET  
20355 NE 34TH COURT, #1626  
AVENTURA, FL 33180 US

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

NUH, AHMET A  
20355 NE 34TH COURT, #1626  
AVENTURA, FL 33180 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: AHMET ALPAY NUH

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALPAY, NUH  
Address: 20355 NE 34TH COURT, #1626  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NUH, AHMET A  
Address: 20355 NE 34TH COURT, #1626  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Change (X) Addition  
Name: LAIS, LILIANA  
Address: 20355 NE 34TH COURT, #1626  
City-St-Zip: AVENTURA, FL 33180

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: AHMET ALPAY NUH

MGRM

04/28/2007

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