

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 SEP 21 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000075863

1. Entity Name
REALTY CORE HOMES LLC



Principal Place of Business
P.O. BOX 12125
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 12125
TALLAHASSEE, FL 32317



08272007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-3241968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARLEY, KENNETH R
2716 MASTERSON LANE
TALLAHASSEE, FL 32311

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARLEY, MELISSA L
2716 MASTERSON LANE
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARLEY, KENNETH R
2716 MASTERSON LANE
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARLEY, RONALD A
3265 ALAMANAC
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARLEY, JAMIE M
3265 ALAMANAC
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALLEN, MARVIN H
745 LUPINE LANE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALLEN, CAROL A
745 LUPINE LANE
TALLAHASSEE, FL 32308

100109657381
09/19/07--01042--009 **50.00

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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

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARVIN H. ALLEN

1489601

9424915