2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L05000082153

Entity Name: NEW HOME & LAND SALE CENTER LLC

Current Principal Place of Business:

1025 SW MARTIN DOWNS BLVD
SUITE 102B
PALM CITY, FL 34990

New Principal Place of Business:

4929 SW LAKE GROVE CIRCLE
PALM CITY, FL 34990

Current Mailing Address:

1025 SW MARTIN DOWNS BLVD.
SUITE 102B
PALM CITY, FL 34990

New Mailing Address:

4929 SW LAKE GROVE CIRCLE
PALM CITY, FL 34990

FEI Number: 20-3354585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COON, JENNIFER
1025 SW MARTIN DOWNS BLVD.
SUITE 102B
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

COON, JENNIFER
4929 SW LAKE GROVE CIRCLE
PALM CITY, FL 34990 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: _____ 05/03/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COON, JENNIFER
Address: 1025 SW MARTIN DOWNS BLVD. SUITE 102B
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COON, JENNIFER
Address: 4929 SW LAKE GROVE CIRCLE
City-St-Zip: PALM CITY, FL 34990

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: JENNIFER COON MGR 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date