

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085545

Entity Name: HOMES OF HARDEE, LLC

FILED  
Apr 06, 2006  
Secretary of State

**Current Principal Place of Business:**

208 SOUTH THIRD AVENUE  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 158  
WAUCHULA, FL 33873

**New Mailing Address:**

FEI Number: 20-3385750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABLES, CLIFFORD M III  
202 WEST MAIN STREET  
SUITE 103  
WAUCHULA, FL 33873 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORES, NOEY  
Address: 185 GEORGETOWN LOOP  
City-St-Zip: WAUCHULA, FL 33873

Title: MGRM ( ) Delete  
Name: CARPENTER, STEVEN M  
Address: 517 FAIRGROUND STREET  
City-St-Zip: CALDWELL, OH 43724

Title: MGRM ( ) Delete  
Name: ARCHER, JUNIOR M  
Address: 9981 NE HIGHWAY 17  
City-St-Zip: ARCADIA, FL 33266

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NOEY A. FLORES

MGRM

04/06/2006

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