

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089793

FILED
Mar 07, 2006
Secretary of State

Entity Name: FRIENDS HOME DEVELOPMENT, LLC

Current Principal Place of Business:

4201 WOODSTORKS WALK WAY
#303
LUTZ, FL 33558

New Principal Place of Business:

18016 LAKE RELECTIONS BLVD.
LUTZ, FL 33558

Current Mailing Address:

4201 WOODSTORKS WALK WAY
#303
LUTZ, FL 33558

New Mailing Address:

18016 LAKE RELECTIONS BLVD.
LUTZ, FL 33558

FEI Number: 20-3461598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAISER, HANY
4201 WOODSTORKS WALK WAY
#303
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

KAISER, HANY
18016 LAKE RELECTIONS BLVD.
LUTZ, FL 33558 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:

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAISER, HANY
Address: 4201 WOODSTORKS WALK WAY
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: MIKHAIL, SHAKER T
Address: 35246 US HWY 19 NORTH, #188
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAISER, HANY
Address: 18016 LAKE RELECTIONS BLVD.
City-St-Zip: LUTZ, FL 33558

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: HANY KAISER

MGRM

03/07/2006

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