## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095190

Entity Name: FLORIDA HOME BUILDERS REALTY, LLC

FILED May 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5642 ENTERPRISE PARKWAY 4720 SE 15TH AVE

SUITE L SUITE 218

FORT MYERS, FL 33905 CAPE CORAL, FL 33904

**New Mailing Address: Current Mailing Address:** 

5642 ENTERPRISE PARKWAY 624 SW 20TH TERRACE SUITE L CAPE CORAL, FL 33991 FORT MYERS, FL 33905

FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

LEEBER, ANTHONY J JR ZORN, DAVID R 4720 SW 20TH AVE 5642 ENTERPRISE PARKWAY

SUITE L SUITE 218

FORT MYERS, FL 33905 US CAPE CORAL, FL 33991 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: DAVID R. ZORN 05/14/2007

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete

ZORN, DAVID R Name: Address: 5642 ENTERPRISE PARKWAY City-St-Zip: FORT MYERS, FL 33905

Title: () Delete Name: LEEBER, ANTHONY JR. Address: 5642 ENTERPRISE PARKWAY

City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

ZORN, DAVID R Name: Address: 4720 SE 15TH AVE City-St-Zip: CAPE CORAL, FL 33991

Title: (X) Change ( ) Addition

Name: LEEBER, ANTHONY JR. Address: 5642 ENTERPRISE PARKWAY City-St-Zip: FORT MYERS, FL 33905

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: DAVID R. ZORN **MGRM** 05/14/2007