2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 25, 2008 08:00 Al **DOCUMENT # L05000100413 Secretary of State** 1. Entity Name M & M HOMES OF FLORIDA LLC Principal Place of Business Mailing Address 900 MORRIS LANE PO BOX 370501 KEY LARGO, FL 33037 KEY LARGO, FL 33037 01212008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0906505 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ERNST. PHYLLIS** DO NOT WRITE 29451 SW 180 AVE HOMESTEAD, FL 33030 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000798680 FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 01/30/08-80038-001 138.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE MARTORANA, FRANK NAME STREET ADDRESS PO BOX 370501 CITY-ST-7IP KEY LARGO, FL 33037 πιε MAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE BER, OR AUTHORIZED REPRESENTATIVE Devime Phone #