2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000102487

1. Entity Name

LANDBUILDER INFILL OF TAMPA, LLC



FILED
Apr 24, 2007 08:00 A
Secretary of State

Principal Place of Business 6522 GUNN HIGHWAY

TAMPA, FL 33625

Mailing Address

6522 GUNN HIGHWAY TAMPA, FL 33625



04112007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number	Applied For
20-3646151	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLINT, SARA K 6522 GUNN HIGHWAY TAMPA, FL 33625

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chang ions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDBUILDER MANAGEMENT COMPANY, INC. 6522 GUNN HIGHWAY TAMPA, FL 33625		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U5/U8/U7-8U014-U01 ZU0.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	\bigcap		•
11. I hereby indicated limited lia	certify that the information supplied with this filing does not con this report is true and accurate and that my signature shiplility company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver of the company of the company of the receiver of the company of the compa	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under outer this report as required by Chapter 608, Floring	19, Florida Statutes. I further certify that the information bath; that I am a managing member or manager of the da Statutes.

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE