


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90039 025 \*\*\*\*50.00

EP DVNF OUI\$ L05000102844 2/ Entity Name FLORIDIAN HOMES OF SOUTH FLORIDA LLC	
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Principal Place of Business 3777 UHFSUBMB/PO/FS 221 NEW/OM44244	Mailing Address 3777 UHFSUBMB/PO/FS 221 NEW/OM44244
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60052526



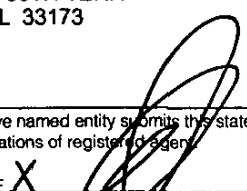
3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07052007 Di h.MMD DS3F194!23017\*

5/ FEI Number 20-3648265	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	96/11 Beejupobm Gf1Sfrvjfe

7/ Obn f lboelBeeft t t lpgDvsef ouSf hjt uf sf elBhf ou  GONZALEZ, YODIOSMAY 9411 SW 60TH TERR MIAMI, FL 33173	8/ Obn f lboelBeeft t t lpgOf x lSf hjt uf sf elBhf ou Name <b>PEDRO QUEREJETA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2666 Tigertail Ave #110</b> City <b>Miami, FL</b> <b>GM</b> Zip Code <b>33133</b>
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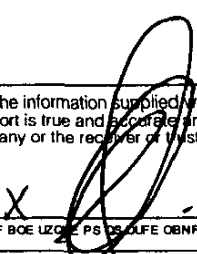
9/ The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>QUEREJETA, PEDRO</del> 2666 TIGERTAIL AVENUE #110 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QUEREJETA, PEDRO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASALE, JEFFREY 2666 TIGERTAIL AVENUE #110 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

T.JOBVUSF: 

T.JOBVUSF BOE UZOE PS DS LUE OBNF PG T.HOJH NBOBHJH NFNCFS-NBOBHFS-PSBVLJ PSJ FERFSQSTFOUBUWF Date Daytime Phone #