

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107236

FILED
Apr 22, 2008
Secretary of State

Entity Name: ONDRA HOME BUILDING, LLC

Current Principal Place of Business:

4029 TEAL WAY
PENSACOLA, FL 32507

New Principal Place of Business:

16410 NORTH SHORE COURT
PENSACOLA, FL 32507

Current Mailing Address:

4029 TEAL WAY
PENSACOLA, FL 32507

New Mailing Address:

16410 NORTH SHORE COURT
PENSACOLA, FL 32507

FEI Number: 59-3822668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONDRA, HEATHER
4029 TEAL WAY
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

ONDRA, HEATHER
16410 NORTH SHORE COURT
PENSACOLA, FL 32507 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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ONDRA, TOMAS
Address: 4029 TEAL WAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGR () Delete
Name: FISCHER, CHRIS
Address: 4029 TEAL WAY
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ONDRA, TOMAS
Address: 16410 NORTH SHORE COURT
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGR (X) Change () Addition
Name: ONDRA, HEATHER
Address: 16410 NORTH SHORE COURT
City-St-Zip: PENSACOLA, FL 32507

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: TOMAS ONDRA

MGRM

04/22/2008

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