


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90041 042 ****50.00


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|--|--|---------------------|---|---|--|
| DOCUMENT # L05000111802 1. Entity Name HOMEPLACE BUILDERS, LLC | | | |  | |
| Principal Place of Business 1955 BARNWAY NORTH TALLAHASSEE FL 32317 | | | Mailing Address 1955 BARNWAY NORTH TALLAHASSEE FL 32317 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent CARTER, WILLIAM G 1955 BARNWAY NORTH TALLAHASSEE FL 32317 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CARTER, WILLIAM G 1955 BARNWAY NORTH TALLAHASSEE FL 32317 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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1st MOORE CR2E083 (10/05)

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|---|--|
| 4. FEI Number 20-3851200 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  **William G. Carter** **04/30/06 850-877-0054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #