2007 LIMITED HABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000111834

1. Entity Name
JIM FRALIN HOMES, LLC



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292

Mailing Address

752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3819037

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRALIN, JAMES S 752 COMMERCE DRIVE, SUITE 3 VENICE, FL 34292

SIGNATURE:

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		<u> </u>	
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			
OR THE STATE OF TH	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent algorature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRALIN, JAMES S 752 COMMERCE DRIVE SUITE 3 VENICE, FL 34292		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000645666 03/05/07-80016-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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