

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90034 021 ****55.00

DOCUMENT # L05000112260 1. Entity Name ADVANCED CUSTOM HOMES, LLC					
Principal Place of Business 15437 71 DRIVE PALM BEACH GARDENS, FL 33418-1940			Mailing Address 15437 71 DRIVE PALM BEACH GARDENS, FL 33418-1940		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Maureen A O'Neill-Davis Street Address (P.O. Box Number is Not Acceptable) 15437 71 DRIVE N City Palm Beach Gardens FL Zip Code 33418-1940		
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  DATE 4/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL - DAVIS, MAUREEN ANN 15437 71 DRIVE N PALM BEACH GARDENS, FL 334181940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, JOHN MURPHY 15437 71 DRIVE N PALM BEACH GARDENS, FL 334181940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANBERG, DENISE 15437 71 DRIVE N PALM BEACH GARDENS, FL 334181940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANBERG, WILLIAM 15437 71 DRIVE N PALM BEACH GARDENS, FL 334181940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 4/14/06 Daytime Phone # 561-748-8901 OFF, 561-762-4747 Cell		