

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113857

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: ARCHIHOME ENTERPRISE, LLC

## Current Principal Place of Business:

4819 FORT LEE COURT  
ORLANDO, FL 32822 US

## New Principal Place of Business:

6445 S. CHICKASAW TRAIL  
310  
ORLANDO, FL 32829 US

## Current Mailing Address:

4819 FORT LEE COURT  
ORLANDO, FL 32822 US

## New Mailing Address:

5834 CHESHIRE COVE TERRACE  
ORLANDO, FL 32829 US

FEI Number: 20-8404127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAN, YEA-LING R  
4819 FORT LEE COURT  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

PAN, YEA-LING R  
5834 CHESHIRE COVE TERRACE  
ORLANDO, FL 32829 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: YEA-LING RACHEL PAN

01/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PAN, AI-TI  
Address: 8201 FORT THOMAS WAY  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGR (X) Delete  
Name: PAN, RACHEL  
Address: 4819 FORT LEE COURT  
City-St-Zip: ORLANDO, FL 32822 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AI-TI PAN

MGR

01/21/2008

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