

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000120149 1. Entity Name BUILT RIGHT HOMES, LLC	
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Principal Place of Business 4683 E. COUNTY ROAD 540A LAKELAND, FL 33813 US	Mailing Address 4683 E. COUNTY ROAD 540A LAKELAND, FL 33813 US
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**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-3956257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HICKEY, RAYMOND G 913 GULF BREEZE PKWY SUITE 5 GULF BREEZE, FL 32561	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

700130741857  
06/05/08 -- 01001 -- 009 \* \* 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCQUILLEN, DUANE 4683 E. COUNTY ROAD 540A LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, RICHARD C 320 OSPERY LANDING WAY LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETTER BUILT HOMES OF CENTRAL FLORIDA, INC 320 OSPREY LANDING WAY LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_