

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90274 001 ****50.00

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02062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000120878 1. Entity Name TRADITIONAL HOMES OF ALACHUA, LLC																																																																																																																																																			
Principal Place of Business 3031 N.W. 24TH TERRACE GAINESVILLE, FL 32605		Mailing Address 3031 N.W. 24TH TERRACE GAINESVILLE, FL 32605																																																																																																																																																	
2. Principal Place of Business - No P.O. Box # 3024 NE 21st Way Suite, Apt. #, etc.		3. Mailing Address 3024 NE 21st Way Suite, Apt. #, etc.																																																																																																																																																	
City & State Gainesville, FL Zip 32609 Country Alachua		City & State Gainesville, FL Zip 32609 Country Alachua																																																																																																																																																	
4. FEI Number 36-2543578 56-2543578		Applied For Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent FINKEL, LARRY H 3031 N.W. 24TH TERRACE GAINESVILLE, FL 32605																																																																																																																																																	
7. Name and Address of New Registered Agent Name Bryant, Wayne C. Street Address (P.O. Box Number is Not Acceptable) 3024 NE 21st Way City Gainesville FL Zip Code 32609		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																																																	
9. 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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, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																			
Date 2/19/07		Daytime Phone # 352-378-2857																																																																																																																																																	

ATTACHMENT

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

000371.214893.0004.001 1 A3 0.301 702

TRADITIONAL HOMES OF ALACHUA LLC
LARRY H FINKEL MBR
3031 NW 24TH TER
GAINESVILLE FL 32605

000371

600 17500
#7605000120878

Date of this notice: 12-01-2005

Employer Identification Number:
56-2543578

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 56-2543578. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2007

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assign
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revenue pr

.) based on
gal determination
at a determination
the IRS under
or superseding

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