


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000120878

1. Entity Name
TRADITIONAL HOMES OF ALACHUA, LLC



60017500

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

3. Mailing Address
~~3031 N.W. 24th Terrace~~ **3024 NE 21st Way**

Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32609

Country
Alachua

Zip
~~32605~~ **32609**

Country
Alachua

4. FEI Number
36-2543578 56-2543578

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

State
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  DATE **2/19/07**

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. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKEL, LARRY H 3031 N.W. 24TH TERRACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, WAYNE C 4443 N.W. 50TH DR., #104 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Linda H. Bryant 3024 NE 21st Way Gainesville, FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bryant, Wayne C. 3024 NE 21st Way Gainesville, FL 32609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 **2/19/07** 352-378-2857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

