


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000120878</b><br>1. Entity Name<br>TRADITIONAL HOMES OF ALACHUA, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3024 NE 21 ST WAY<br>GAINESVILLE, FL 32609 | Mailing Address<br>3024 NE 21 ST WAY<br>GAINESVILLE, FL 32609 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01252008No Chg-LLC CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>56-2543578                               | Applied For<br>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

BRYANT, WAYNE C  
3024 NE 21ST WAY  
GAINESVILLE, FL 32609

**DO NOT WRITE  
IN THIS SPACE**

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 *Wayne C. Bryant* DATE 3/13/08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000913078  
05/08/08-80001-020 138.75

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRYANT, WAYNE C<br>3024 NE 21ST WAY<br>GAINESVILLE, FL 32609 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRYANT, LINDA H<br>3024 NE 21ST WAY<br>GAINESVILLE, FL 32609 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Wayne C. Bryant* DATE 3/13/08 DAYTIME PHONE # 352-378-2857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE