

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121916

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** ATLAS CUSTOM HOMES & DEVELOPMENT OF NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

2603 EDMUND DR.  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

1451 WEST SHORES BLVD  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

2603 EDMUND DR.  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

1451 WEST SHORES BLVD  
GULF BREEZE, FL 32563 US

FEI Number: 20-3982848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVERS, KIM E  
2603 EDMUND DR.  
GULF BREEZE, FL FL US

**Name and Address of New Registered Agent:**

EVERS, KIM E  
1451 WEST SHORES BLVD  
GULF BREEZE, FL FL 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: KIM E EVERS

04/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EVERS, KIM E  
Address: 2603 EDMUND DR.  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EVERS, KIM E  
Address: 1451 WEST SHORES BLVD  
City-St-Zip: GULF BREEZE, FL 32563 US

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: KIM E EVERS

MGR

04/04/2008

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