2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-02-2007 90190 011 ****50.00

DOCUMENT # L06000002585

1. Entity Name

HOWARD GILLEY'S CUSTOM HOMES, LLC

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
~~5575 INWOOD DRIVE~~ PACE FL 32571 5386 Hamilton Ln	~~5575 INWOOD DRIVE~~ PACE FL 32571 5386 Hamilton Ln
2. Principal Place of Business - No P.O. Box # 5386 Hamilton Ln	3. Mailing Address 5386 Hamilton Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pace Fl	City & State Pace Fl
Zip 32571 Country Sanata Rossa	Zip 32571 Country Santa Ross.

4. FEI Number 20406 7563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEY, HOWARD SR.
5575 INWOOD DRIVE
PACE FL 32571

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	MGR GILLEY, HOWARD SR. ~~5575 INWOOD DRIVE~~ 5386 Hamilton Ln PACE FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	5386 Hamilton Ln.	☑ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise Gilley 2/22-07 850 994-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #