


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2007 90147 029 ****50.00

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DOCUMENT # L06000005786			
1. Entity Name MITCHELL FLORIDA HOMES, LLC			
Principal Place of Business 11907 ARCADIA BEND LANE HOUSTON, TX 77041-6219		Mailing Address 11907 ARCADIA BEND LANE HOUSTON, TX 77041-6219	
2. Principal Place of Business - No P.O. Box # 4125 WHISTLE WOOD CIRCLE		3. Mailing Address <i>Same as before</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State	
Zip 33811	Country USA	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CASTANET-WILLIAMS, LISA C 1760 TURTLE ROCK DRIVE LAKELAND, FL 33803 <i>(MOVED) (DIVORCED)</i> LISA C. CASTANET 2524 LAUREL GLEN DR. LAKELAND, FL 33803		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 <i>Lisa C. Castanet</i> DATE 1-16-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>[Signature]</i>		Date 1-16-07 713-937-8445	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	