


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2007 90147 030 ****50.00

DOCUMENT # L06000005795					
1. Entity Name JULIA 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 # 6855 SHADOWCAST LANE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND, FLORIDA		City & State (NO CHANGE)			
Zip 33813		Country		Country	
6. Name and Address of Current Registered Agent CASTANET-WILLIAMS, LISA C 1760 TURTLE ROCK DRIVE LAKELAND, FL 33803 LISA C. CASTANET 2524 LAUREL GLEN DRIVE 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: <u>Lisa C. Castanet</u> DATE: <u>1-16-07</u> <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		
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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: <u>[Signature]</u>			Date: <u>1-16-07</u> Daytime Phone #: <u>713-937-8445</u>		