

APR-30-2007 MON 04:14 PM

FAX NO

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**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90260 002 \*\*\*\*50.00

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000015794</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 |                                                                               |  |                                                                   |
| 1. Entity Name<br><b>PRECISION HOMES OF THE FLORIDA KEYS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
| Principal Place of Business:<br><b>22972 OVERSEAS HIGHWAY<br/>CUDJOE KEY, FL 33042 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                 | Mailing Address:<br><b>22972 OVERSEAS HIGHWAY<br/>CUDJOE KEY, FL 33042 US</b> |                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 | 3. Mailing Address                                                            |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                 | Suite, Apt. #, etc.                                                           |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                 | City & State                                                                  |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | Country                         | Zip                                                                           |                                                                                   | Country                                                           |
| 4. FID Number<br><b>20-4360035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                 | Applied For<br><input type="checkbox"/> Not Applicable                        |                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                 | \$5.00 Additional Fee Required                                                |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WRIGHT, THOMAS D<br/>8711 OVERSEAS HIGHWAY<br/>MARATHON, FL 33050</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                 | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
| DATE _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                 | Make check payable to<br>Florida Department of State                          |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                 | 10. ADDITIONS/CHANGES                                                         |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>KRIEGER, TRACEY<br>22972 OVERSEAS HIGHWAY<br>CUDJOE KEY, FL 33042 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>KRIEGER, NATHAN<br>22972 OVERSEAS HIGHWAY<br>CUDJOE KEY, FL 33042 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 606, Florida Statutes. |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
| SIGNATURE: <u>Tracey Krieger</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |
| DATE _____<br><small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                 |                                                                               |                                                                                   |                                                                   |

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