

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022386

FILED
May 05, 2008
Secretary of State

Entity Name: DALVAR HOME'S CONSTRUCTION, LLC

Current Principal Place of Business:

2471 E SEMORAN BLVD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2471 E SEMORAN BLVD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-4448293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
2471 E SEMORAN BLVD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ALVAREZ, DANIEL
Address: 2471 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 US

Title: VPS () Delete
Name: ALVAREZ, GLADYS
Address: 2471 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: PT (X) Change () Addition
Name: ALVAREZ, DANIEL
Address: 2471 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 US

Title: VPS (X) Change () Addition
Name: ALVAREZ, MARY
Address: 2471 E SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703 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: DANIEL ALVAREZ

PT

05/05/2008

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