

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025364

Entity Name: XECUTIVE HOMES, LLC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

113 SOUTH BLVD, SUITE 100
TAMPA, FL 33606 US

New Principal Place of Business:

5008 W. LINEBAUGH AVE
41
TAMPA, FL 33624 US

Current Mailing Address:

113 SOUTH BLVD, SUITE 100
TAMPA, FL 33606 US

New Mailing Address:

P.O. BOX 3762
CLEARWATER, FL 33767

FEI Number: 26-0137417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, JEFFRY R
113 SOUTH BVD. SUTIE 100
SUITE 200
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BICZ, DANIEL S
5008 W. LINEBAUGH AVE
SUITE 41
TAMPA, FL 33624 US

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: DANIEL S. BICZ

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EWING, JEFFRY R
Address: 113 SOUTH BOULEVARD SUITE 100
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM (X) Delete
Name: BICZ, DANILE S
Address: 113 SOUTH BOULEVARD SUITE 100
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BICZ, DANIEL S
Address: 5008 W. LINEBAUGH AVE SUITE 41
City-St-Zip: TAMPA, FL 33624 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 S BICZ

MGRM

02/25/2009

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