
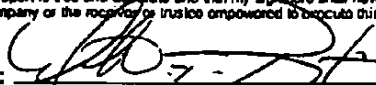


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

50 FILED

<b>DOCUMENT # L06000026988</b>					
1. Entity Name <b>DIGIOVANNI HOMES ,LLC</b>					
Principal Place of Business <b>163 BAYSIDE DRIVE CLEARWATER FL 33767 US</b>			Mailing Address <b>163 BAYSIDE DRIVE CLEARWATER FL 33767 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. FEI Number <b>87-0774634</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>DIGIOVANNI, AGOSTINO 163 BAYSIDE DRIVE CLEARWATER FL 33767</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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
(I) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(I) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(II) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(II) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(III) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(III) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(IV) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(IV) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(V) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(V) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(VI) NAME STATE ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		(VI) NAME STATE ADDRESS 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 Section 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: 				Date: <b>4-30-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(RECORD OF THIS AND OTHER RECORDS HELD AT THE STATE ARCHIVES IN TAMPA)

161 MOORE CR2E083 (10/06)