

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044779

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** SHOWCASE HOMES OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

103 CENTURY 21 DRIVE STE 113  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1857 WELLS RD STE 215  
ORANGE PARK, FL 32073

**Current Mailing Address:**

103 CENTURY 21 DRIVE STE 113  
JACKSONVILLE, FL 32216

**New Mailing Address:**

1857 WELLS RD STE 215  
ORANGE PARK, FL 32073

**FEI Number:** 20-8355520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PELLEGRINO, JOSEPH J  
2888 DECIDELY STREET  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

PELLEGRINO, JOSEPH J  
1857 WELLS RD STE 215  
ORANGE PARK, FL 32073 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: JOSEPH J PELLEGRINO

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PELLEGRINO, JOSPEH J  
Address: 2888 DECIDELY STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PELLEGRINO, JOSPEH J  
Address: 1857 WELLS RD STE 215  
City-St-Zip: ORANGE PARK, FL 32073

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: JOSEPH J PELLEGRINO

MGR

04/27/2007

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