

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-19-2007 90028 034 ****50.00

| | | | |
|--|---------------------------------|---|--|
| DOCUMENT # L06000057537 1. Entity Name CONDEV HOMES OF VOLUSIA, LLC | | | |
| Principal Place of Business 2479 ALOMA AVENUE WINTER PARK, FL 32792 | | Mailing Address 2479 ALOMA AVENUE WINTER PARK, FL 32792 | |
| 2. Principal Place of Business - No P.O. Box # 400 W. Morse Blvd. Suite, Apt. #, etc. Ste 101 | | 3. Mailing Address PO Box 1748 Suite, Apt. #, etc. | |
| City & State Winter Park, FL Zip 32789 | | City & State Winter Park, FL Zip 32790 | |
| 4. FEI Number 20-49891026 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04042007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent MCMULLEN, JACK K 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | Mgr Andrew M. Gardner 400 W. Morse Blvd, Ste. 101 Winter Park, FL 32789 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | Mgr Christopher J. Gardner 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Andrew Gardner | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> 4/19/07 <small>Daytime Phone #</small> | |

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