

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058645

Entity Name: EPIPHANY HOMES, LLC

FILED
Jul 01, 2007
Secretary of State

Current Principal Place of Business:

301 KAY LARKIN DRIVE, #D5
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 726
PALATKA, FL 32178

New Mailing Address:

FEI Number: 20-5011375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

CLEVELAND, KEVIN
301 KAY LARKIN DRIVE, #D5
PALATKA, FL 32177 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLEVELAND, KEVIN
Address: 301 KAY LARKIN DRIVE, #D5
City-St-Zip: PALATKA, FL 32177

Title: MGRM (X) Delete
Name: MONROE, KORI
Address: 755 38TH AVENUE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM (X) Delete
Name: BOHLER, GUYSEN
Address: 8015 BEECHDALE DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

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

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

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: KEVIN D CLEVELAND

MMBR

07/01/2007

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