2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L06000066975

Entity Name: MJDM HOMES, LLC

Current Principal Place of Business:

333 E. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521326
LONGWOOD, FL 327521326

New Mailing Address:

FEI Number: 20-5247935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, MARK L
333 E. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:	SCHMIDT, MARK L	
Address:	333 E. HILLCREST STREET	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	MGRM	( ) Delete
Name:	SCHMIDT, DOUG A	
Address:	551 CHURCH AVENUE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	MGRM	( ) Delete
Name:	SCHMIDT, MISTY R	
Address:	333 E. HILLCREST STREET	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	MGRM	( ) Delete
Name:	SCHMIDT, JOHN P	
Address:	333 E. HILLCREST STREET	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	SCHMIDT, DOUG A	
Address:	760 W. TAYLOR ST.	
City-St-Zip:	HUNTINGTON, IN 46750	
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: MARK L. SCHMIDT MGRM 04/04/2008

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