

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076784

FILED  
May 09, 2008  
Secretary of State

**Entity Name:** WYATT MICHAEL BUILDERS LLC

**Current Principal Place of Business:**

6691 FT. MYERS DRIVE  
INDIAN LAKE ESTATES, FL 33855

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7624  
INDIAN LAKE ESTATES, FL 33855

**New Mailing Address:**

FEI Number: 42-1711590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

JONES, ALLEN  
1640 EAST PARK AVE STE A  
INDIAN LAKE ESTATES, FL 33855      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: JONES, MIKE P  
Address: P.O. BOX 7624  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: MGRM      (X) Delete  
Name: JONES, ANN MARIE  
Address: P.O. BOX 7638  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

**ADDITIONS/CHANGES:**

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: MIKE P JONES

MGRM

05/09/2008

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