## 2007 LIMITED LIABILITY COMPANY

## Apr 13, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000099022 04-13-2007 90040 011 \*\*\*\*50.00 PRIORITY ONE HOMES, LLC Principal Place of Business Mailing Address 5101 FILLMORE PLACE 5101 FILLMORE PLACE SANFORD, FL 32773 SANFORD, FL 32773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 205695328 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORDEN, RICK D Street Address (P.O. Box Number is Not Acceptable) 5101 FILLMORE PLACE SANFORD FL 32773 City Zip Code FL 8. The he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the o SIGNATURE ant signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NORDEN, RICK D NAME STREET ADDRESS STREET ADDRESS 5101 FILLMORE PLACE SANFORD, FL 32773 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

**FILED** 

11. I hereby certify that the information supplied with this filling 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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR NIED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #