


**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000099022					
1. Entity Name <b>PRIORITY ONE HOMES, LLC</b>					
Principal Place of Business <b>5101 FILLMORE PLACE          SANFORD, FL 32773</b>			Mailing Address <b>5101 FILLMORE PLACE          SANFORD, FL 32773</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
6. Name and Address of Current Registered Agent					
<b>NORDEN, RICK D          5101 FILLMORE PLACE          SANFORD, FL 32773</b>					Name
					Street Address
					City
					State
8. The purpose of changing its registered office or registered agent is:					
SIGNATURE: _____					
<b>- Filing Fee is \$50.00          Due by May 1, 2007</b>					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM          NORDEN, RICK D          5101 FILLMORE PLACE          SANFORD, FL 32773</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained or indicated on this report is true and accurate and that my signature shall have the same legal effect as if I am the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.					
<b>SIGNATURE:</b> <i>LaShawn Norden</i> <b>Treasurer</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					