2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L06000104 et Homes, LLC			04-20-2007 90030 013 ****55.00				
			1 TE 10					
Principal Place	e of Business	Mailing Address			20008	}588		
5116 MOLL ACRES DRIVE 5116 MOLL ACRES DRIVE						,000		
PLANT CITY, FL 33566-8468 US PLANT CITY, FL 33566-8			8468 US					
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2 Principal P	lace of Business - No B.O. Boy #	3 Mailine Address		—- │ │				
2. Principal Place of Business - No. P.O. Box #		3. Mailing Address 1009 N. FORBES RD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 				
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City_8_State	e _ A >	City & State		4. FEI Numt	ner	I Ac	polied For	
PLA	UTCITY, FC	PLANT CI	Ty, fc	20 -	57955	3/ No	nt Applicable	
		Zip	Country			\$5.00 Add	itional	
3350	66 USA	33566	USA	5. Certificati	of Status Desired	Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name an	Address of New R	egistered Agent		
			Name		* *			
HURLBURT, DOUGLAS J								
5116 MOLL ACRES DRIVE			Street Addre	Street Address (P O. Box Number is Not Acceptable)				
PLANT CIT	TY, FL 33533-8468	. /			·			
2 mola Hell			City	City FL Zip Code				
8. The above	named entity subpairs this statement for	r the purpose of changing its re	enistered office or red	istered agent, or be	oth, in the State of Flo	rida I am familiar with	and accent	
the obligat	ions of registered agent.	1.114	giolored emps of reg	alerea agark, or or	,, ,, ,, ,,, o o,,,, o o, , , , o		and decept	
	(land	4d_120				4/18/07	1	
SIGNATURE .	Signature, typed or printed name of ingistered agent a	and title (Copilicable: (NOTE F	Registered Agent signature rec	gured when reinstating)		DATE	 _	
Filing Fee is \$50.00 Due by May 1, 2007								
						e check payable to Department of Stat	8	
D	ue by May 1, 2007	PS / MANACERS	1 10		Florida	Department of Stat	e	
9.	ue by May 1, 2007 MANAGING MEMBE		10.			Department of Stat		
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE		Florida	Department of Stat	e Addition	
9. TITLE NAME	MANAGING MEMBE MGRM HURLBURT, DOUGLAS J		TITLE NAME		Florida	Department of Stat		
9. TITLE	MANAGING MEMBE MGRM HURLBURT, DOUGLAS J 5116 MOLL ACRES DRIVE		TITLE		Florida	Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM HURLBURT, DOUGLAS J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	CHANGES Change	☐ Addition	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Davtime Phone ≠