

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90120 018 \*\*\*138.75

60002800



01082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000109291</b> 1. Entity Name <b>MCKENZIE HOMES, LLC</b>			
Principal Place of Business <del>611 MANATEE AVENUE EAST</del> <del>BRADENTON, FL 34208 US</del>		Mailing Address <del>611 MANATEE AVENUE EAST</del> <del>BRADENTON, FL 34208 US</del>	
2. Principal Place of Business - No P.O. Box # <b>15311 27th Ct. E.</b>		3. Mailing Address <b>15311 27th Ct. E.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PARRISH FL</b>		City & State <b>PARRISH FL</b>	
Zip <b>34219</b>		Zip <b>34219</b>	
Country 		Country 	
4. FEI Number <b>20-5956112</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DUDAS, GEORGE F</b> <del>611 MANATEE AVENUE EAST</del> <del>BRADENTON, FL 34208</del>		7. Name and Address of New Registered Agent  <b>15311 27th Ct. E.</b> <b>PARRISH FL</b> <b>34219</b>	
Name 		Street Address (P.O. Box Number is Not Acceptable) 	
City 		State <b>FL</b>	
Zip Code 			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.			
DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	NAME <b>DUDAS, GEORGE F</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>611 MANATEE AVENUE EAST</del>	<del>BRADENTON, FL 34208</del>		
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 			
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 			
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 			
STREET ADDRESS 			
CITY-ST-ZIP 			
11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
<b>SIGNATURE:</b> <u>George F. Dudas</u>		<b>GEORGE F. DUDAS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>1-18-08</u> Daytime Phone # <u>941-776-0005</u>	