

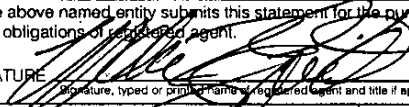
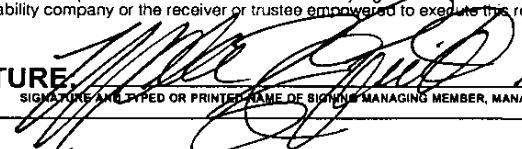


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90079 033 ****55.00

DOCUMENT # L06000110690 1. Entity Name GREAT HOMES & PROPERTIES, LLC			
Principal Place of Business 1204 FOREST CIRCLE ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 1204 FOREST CIRCLE ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. BOX 607866 Suite, Apt. #, etc. City & State ORLANDO, FL Zip Country 32860	
			
		01052007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-5917186	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWERS, CHUCK A 1204 FOREST CIRCLE ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name MARK Z. ERQUITT Street Address (P.O. Box Number is Not Acceptable) 659 CROOKED CREEK DRIVE City ORLDEE FL Zip Code 34761	
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  MARK Z. ERQUITT, MGRM 1.06.07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	BOWERS, CHUCK A	NAME	
STREET ADDRESS	1204 FOREST CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	ERQUITT, MARK Z	NAME	
STREET ADDRESS	1204 FOREST CIRCLE	STREET ADDRESS	659 CROOKED CREEK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	ORLDEE, FL 34761
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
SIGNATURE  MARK Z. ERQUITT, MGRM 1.06.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 407.666.9543 Daytime Phone #	