

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90046 001 \*\*\*138.75

|  |   |
|--|---|
| DOCUMENT # L06000113260                    |  |
| 1. Entity Name<br>NEW HOME TALLAHASSEE LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>9821 THUNDER HILL TRAIL<br>TALLAHASSEE, FL 32312 | Mailing Address<br>9821 THUNDER HILL TRAIL<br>TALLAHASSEE, FL 32312 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>2977 ST STEVEN'S DR | 3. Mailing Address<br>2977 ST STEVEN'S DR |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                       |

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>TALLAHASSEE FL | City & State<br>TALLAHASSEE FL |
| Zip<br>32312                   | Country<br>USA                 |
| Zip<br>32312                   | Country<br>USA                 |

|   |                                |
|---|--------------------------------|
| 01032008 Chg-LLC CR2E083 (12/06)                          |                                |
| 4. FEI Number<br>20-5934414                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>RILEY, C. ALISON<br>9821 THUNDER HILL TRAIL<br>TALLAHASSEE, FL 32312 | 7. Name and Address of New Registered Agent<br>Name<br>RILEY, C. ALISON<br>Street Address (P.O. Box Number is Not Acceptable)<br>2977 ST STEVEN'S DRIVE<br>City<br>TALLAHASSEE FL Zip Code<br>32312 |
|---|---|

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: A. Riley (NOTE: Registered Agent signature required when reinstating) DATE: 1/3/08

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RILEY, C. ALISON<br>9821 THUNDER HILL TRAIL<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RILEY, C. ALISON<br>2977 ST STEVEN'S DRIVE<br>TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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: A. Riley DATE: 1/3/08 850 510 9125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE