2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# L06000114221

Entity Name: STOUGHTON LUXURY HOMES, LLC

Current Principal Place of Business:

802 E. MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 429
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 26-0195118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOUGHTON, WILLIAM P
207 SO. 27TH ST.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STOUGHTON, WILLIAM P
Address: 207 SO. 27TH ST.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM ( ) Delete
Name: LYNCH, JOHN P
Address: 26 SEVEN WONDERS TRL
City-St-Zip: PALM COAST, FL 32164

Title: MGRM ( ) Delete
Name: STOUGHTON, JANET N
Address: 207 SO. 27TH ST.
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SALAM STOUGHTON, JANET N
Address: 207 SO. 27TH ST.
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANET SALAM STOUGHTON MGRM 02/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date