
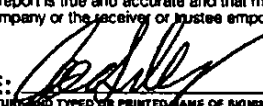


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5. Jun 18, 2008 8:00 am
Secretary of State

05-19-2008 90187 005 ***138.75

DOCUMENT # L07000032576					
1. Entity Name SIGNATURE CUSTOM HOMES, LLC					
Principal Place of Business 26 SOUTH BROOKSVILLE AVENUE BROOKSVILLE, FL 34601			Mailing Address 26 SOUTH BROOKSVILLE AVENUE BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SELWAY, JOSEPH 26 SOUTH BROOKSVILLE AVENUE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				City	
				FL 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)					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	Delete		TITLE	Change Addition
NAME	SELWAY, JOSEPH			NAME	
STREET ADDRESS	26 SOUTH BROOKSVILLE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601			CITY-ST-ZIP	
TITLE	MGRM	Delete		TITLE	Change Addition
NAME	VALENZANO, DONATO			NAME	
STREET ADDRESS	10117 BREEZY PINE CT.			STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613			CITY-ST-ZIP	
TITLE	MGRM	Delete		TITLE	Change Addition
NAME	DELAPE, MARC			NAME	
STREET ADDRESS	8240 SHORECREST CT.			STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 608, Florida Statutes.					
SIGNATURE:  Joseph Selway				4-22-08 3325448390	
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)				Date Daytime Phone #	

30009516



01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 50-4516021 Applied For Not Applicable