

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 026 ***138.75

60019743



04012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000061723 1. Entity Name DEREK LAWHON CUSTOM HOMES, LLC																													
Principal Place of Business 78 CHEVY TRAIL CRAWFORDVILLE, FL 32327			Mailing Address 78 CHEVY TRAIL CRAWFORDVILLE, FL 32327																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 26-1329697 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LAWHON, MICHAEL D 78 CHEVY TRAIL CRAWFORDVILLE, FL 32327																									
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 \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAWHON, MICHAEL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>78 CHEVY TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	LAWHON, MICHAEL D		STREET ADDRESS	78 CHEVY TRAIL		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327													
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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: <u>Michael Derek Lawhon</u> Michael Derek Lawhon 4-1-08 (850) 251-9445 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													