

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036716

FILED
May 01, 2009
Secretary of State

Entity Name: ADVANTAGE HOMES, LLC, A ROBERT VELTRI ENTERPRISE

Current Principal Place of Business:

7462 CABBAGE PALM COURT
SARASOTA, FL 34241 US

New Principal Place of Business:

8624 STONE HARBOUR LOOP
BRADENTON, FL 34212 US

Current Mailing Address:

7462 CABBAGE PALM COURT
SARASOTA, FL 34241 US

New Mailing Address:

8624 STONE HARBOUR LOOP
BRADENTON, FL 34212 US

FEI Number: 26-2420608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VELTRI, VINCENT
8265 BARTON FARMS BLVD.
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

VELTRI, VINCENT F RA
8265 BARTON FARMS BLVD.
SARASOTA, FL 34240 US

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: VINCENT F VELTRI

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VELTRI, ROBERT J
Address: 7462 CABBAGE PALM COURT
City-St-Zip: SARASOTA, FL 34241 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VELTRI, ROBERT J MGRM
Address: 8624 STONE HARBOUR LOOP
City-St-Zip: BRADENTON, FL 34212 US

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: ROBERT J VELTRI

MGRM

05/01/2009

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