

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058389

FILED
Apr 21, 2009
Secretary of State

Entity Name: MICHELANGELO HOMES, LLC

Current Principal Place of Business:

25241 ELEMENTARY WAY
STE 102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

25241 ELEMENTARY WAY
STE 102
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-2883410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD., SUITE 309
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SSI ACCOUNTING AND TAX SERVICE INC.
3620 COLONIAL BLVD
SUITE 230
FORT MYERS, FL 33966 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: WERNER SCHMITZ

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUM, HERBERT P
Address: 12155 METRO PKWY
City-St-Zip: FT. MYERS, FL 33966

Title: MGR () Delete
Name: BAUM, GABRIELE
Address: 12155 METRO PKWY
City-St-Zip: FT. MYERS, FL 33966

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAUM, HERBERT P
Address: 25241 ELEMENTARY WAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR (X) Change () Addition
Name: BAUM, GABRIELE
Address: 25241 ELEMENTARY WAY
City-St-Zip: BONITA SPRINGS, FL 34135

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: HERBERT BAUM

MGR

04/21/2009

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