FILED
May 20, 2005 8:00 am
Secretary of State
04-25-2005 90095 021 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L93000000158

1. Entity Name
FONTENAY CUSTOM HOMES, L.C.

30006846

Principal Place of Business	Mailing Address
535 NORTH PARK AVENUE WINTER PARK, FL 32789	PO BOX 1508 WINTER PARK, FL 32790

02162005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
59-3230501
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
~~28 WEST CENTRAL BLVD., SUITE 401~~
~~ORLANDO, FL 32801~~ 535 N. Park Ave.
~~P.O. Box 1508~~
Winter Park, FL ~~32790~~ 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARBE, UDO
STREET ADDRESS	PO BOX 1508
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	MGRM
NAME	GARBE, ANGELIKA
STREET ADDRESS	PO BOX 1508
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Udo Garbe 5/17/05 407-629-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #