

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L93000000158

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



Principal Place of Business
535 NORTH PARK AVENUE
WINTER PARK, FL 32789

Mailing Address
PO BOX 1508
WINTER PARK, FL 32790



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
535 N PARK AVENUE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000875311
04/11/08-80026-024 138.75

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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: Udo Garbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/08

Date

407-629-9082

Daytime Phone #