

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED

06 MAR 29 PM 2:33

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000152

1. Entity Name
SHOWCASE DESIGNER HOMES, L.C.



Principal Place of Business
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

Mailing Address
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0727218

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, JAMES R
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

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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)

200072753892
04/28/06--01035--003 **238.75
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGR |
| NAME | SAN GEORGE CONTRACTING, INC. |
| STREET ADDRESS | 6400 SW GATOR TRAIL |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | MGR |
| NAME | SEACOAST DEVELOPMENT, INC. |
| STREET ADDRESS | 12825 S.E. SUZANNE DRIVE |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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: _____

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

James R. McNamara 3/16/06 772-546-0127

Date

Daytime Phone #