


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # L97000000152</b> 1. Entity Name SHOWCASE DESIGNER HOMES, L.C.	
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Principal Place of Business 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455	Mailing Address 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455
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**DO NOT WRITE IN THIS SPACE**



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0727218	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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


**Filing Fee is \$50.00  
Due by May 1, 2007**

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

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04/05/07-80021-021 55.00

**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:**  James R. McNamara 3/23/07 772-546-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #