

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002588

FILED
Jun 30, 2005
Secretary of State

Entity Name: KRAFT CUSTOM HOMES, L.L.C.

Current Principal Place of Business:

2606 SOUTH HORSESHOE DRIVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2606 SOUTH HORSESHOE DRIVE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0880723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEZESHKAN, FARHAD F
2606 SOUTH HORSESHOE DRIVE
NAPLES, FL 34104 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAFT CONSTRUCTION C, O INC
Address: 2606 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: PEZESHKAN, FRED F
Address: 2606 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: CARSELLO, ROBERT
Address: 2606 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: PEZESHKAN, KOUROSH
Address: 2606 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: DALY, JOHN
Address: 2606 SOUTH HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT CARSELLO

MGRM

06/30/2005

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