2005 LIMITED LIABILITY COMPANY

6. Name and Address of Current Registered Agent

BAKER, RICHARD R 84 BAYBRIDGE GULF BREEZE, FL 32561

SIGNATURE:

FILED ANNUAL REPORT Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # L99000005372 1. Entity Name RICKY WIGGINS HOMES, L.L.C. Principal Place of Business Mailing Address 17 SOUTH PALAFOX STREET, SUITE 394 P.O. BOX 3263 PENSACOLA, FL 32582 PENSACOLA, FL 32516 04202005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3617280 5. Certificate of Status Desired

DO	NOT	WRITE
IN "	THIS	SPACE

ichard R BAKER 4-20-05 850-434-523.

CR2E083 (10/03)

Applied For Not Applicable

\$5.00 Additional Fee Required

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 fills if applicable	(NOTE. Registered Agent signature required when reinstating) OATE		
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAĞINĞ MEMBERS/MANAĞERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTON, GARRETT W 971 WOODBINE DRIVE PENSACOLA, FL 32503			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, RICHARD R 84 BAYBRIDGE GULF BREEZE, FL 32561	U00000326121 04/23/05-80044-005 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE