2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# M01000000325

Entity Name: DISTINCTIVE HOMES OF THE CAROLINAS, LLC

Current Principal Place of Business:

1990 MAIN STREET, SUITE 750
SARASOTA, FL 34236

New Principal Place of Business:

677 N WASHINGTON DRIVE
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 208
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-1083329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, LINDA
343 SO. WASHINGTON DR.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: MCKENZIE, LINDA
Address: PO BOX 208
City-St-Zip: SARASOTA, FL

Title: MGR ( ) Delete
Name: ROBERTSON, KIMBERLY
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: BKR (X) Delete
Name: MORTON, EDMUND W IV
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ROBERTSON, KIMBERLY
Address: PO BOX 208
City-St-Zip: SARASOTA, FL 34236

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA B MCKENZIE PRES 04/28/2008

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