

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90037 015 \*\*\*\*50.00

<b>DOCUMENT # M04000002410</b>					
<b>1. Entity Name</b> POPE HOMES LLC					
<b>Principal Place of Business</b> 400 ROBIN HOOD CIRCLE, UNIT 101 NAPLES, FL 34104			<b>Mailing Address</b> 400 ROBIN HOOD CIRCLE, UNIT 101 NAPLES, FL 34104		
<b>2. Principal Place of Business</b> 3846 RECREATION LANE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3846 RECREATION LANE Suite, Apt. #, etc.		00001423 	
<b>City &amp; State</b> NAPLES, FL		<b>City &amp; State</b> NAPLES, FL		<b>4. FEI Number</b> 43-1940165	
<b>Zip</b> 34116		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> POPE, GREGORY M 400 ROBIN HOOD CIRCLE UNIT 101 NAPLES, FL 34104			<b>7. Name and Address of New Registered Agent</b> Name: POPE, GREGORY M. Street Address (P.O. Box Number is Not Acceptable): 3846 RECREATION LANE City: NAPLES, FL Zip Code: 34116		
<b>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.</b> SIGNATURE: <u>Gregory M. Pope</u> <u>GREGORY M. POPE</u> <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GREGORY MERRILL POPE 400 ROBIN HOOD CIRCLE, UNIT 101 NAPLES, FL 34104	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	3846 RECREATION LANE NAPLES, FL 34116	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM POPE, THERESA L 400 ROBIN HOOD CIRCLE, UNIT 101 NAPLES, FL 34104	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	3846 RECREATION LANE NAPLES, FL 34116	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Theresa L. Pope</u> <u>THERESA L. POPE</u>			<u>1/11/06</u> <u>239-643-8906</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		