2006 LIMITED LIABILITY COMPANY

Apr 25, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M05000000403 04-25-2006 90020 012 ****50.00 ALL AMERICAN HOMES OF TENNESSEE, LLC Principal Place of Business Mailing Address 20035015 102 EVERGREEN DRIVE P.O. BOX 890 SPRINGFIELD, TN 37172 SPRINGFIELD, TN 37172 2. Principal Place of Business 3. Mailing Address 1418 South 13th Street Suite, Apt. #, etc. 04122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Decatur. 58-2586112 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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, 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete MGRM Addition TITLE TITLE ☐ Change WHITESIDE, CAREL Claire C. Skinner NAME NAME 2831 Dexter Drive STREET ADDRESS 102 EVERGREEN DRIVE STREET ADDRESS SPRINGFIELD, TN 37172 Elkhart IN 46514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITI F MGRM NAME NAME Richard M. Lavers STREET ADDRESS STREET ADDRESS 2831 Dexter Drive ELKhart IN 46514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE MGRM Addition TITLE Gary L Near 2831 Dexter Drive NAME NAME STREET ADDRESS STREET ADDRESS Elkhart IN 46514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE MGRM ☐ Change Wesley V. LaRue 1418 South 13th St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Decatur IN 46933

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

TILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED