2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004739

City-St-Zip:

Entity Name: MCCAR HOMES-JACKSONVILLE, LLC

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11525 PARK WOODS CIRCLE ALPHARETTA, GA 30005				4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005		
Current Mailing Address:				New Mailing Address:		
11525 PARK WOODS CIRCLE ALPHARETTA, GA 30005				4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005		
FEI Number:	: 20-3074025	FEI Number Applied For ()	FEI Nun	nber Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD US				
	named entity secondary of Florida.	submits this statement for the p	ourpose o	t changing i	ts registered office or registered agent, or both	
SIGNATUR						
	Electron	ic Signature of Registered Age	∍nt		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MCCAR HOMES, INC., 4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition MCSWAIN, DANIEL J 4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition MCSWAIN, KEITH 4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition DAN MCSWAIN FAMILY T, RUST U/A/D 12/ 3 1/01 4125 OLD MILTON PARKWAY ALPHARETTA, GA 30005	
Title: Name: Address:	()	Delete		Title: Name: Address:	MGRM () Change (X) Addition KEITH MCSWAIN FAMILY, TRUST U/A/D 1 2 /30/02 4125 OLD MILTON PARKWAY	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

ALPHARETTA, GA 30005

SIGNATURE: KEITH MCSWAIN MGRM 04/21/2006