2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M05000005388

Entity Name: CBS HOMES FLORIDA, LLC

Current Principal Place of Business:

9111 SOUTHMONT COVE
406
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN ROAD
300-143
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 74-3128152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTONIC, JAMES P
9111 SOUTHMONT COVE #406
FORT MYERS, FL 33908 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:	MGR	( ) Delete
Name:	ANTONIC, JAMES P	
Address:	15880 SUMMERLIN ROAD #300-143	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGR	( ) Delete
Name:	ENGEL, KENNETH J	
Address:	5266 HIDDEN PINE DRIVE	
City-St-Zip:	BRIGHTON, MI 48116	
Title:	MGR	( ) Delete
Name:	HILL, RICHARD L	
Address:	9111 SOUTHMONT COVE #404	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JAMES P. ANTONIC MMBR 04/30/2009

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