


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M96000000346</b> 1. Entity Name MODEL HOMES, L.L.C.	
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Principal Place of Business COLONIAL BANK CENTRE 41 WEST INTERSTATE SERVICE ROAD NORTH MOBILE, AL 36608-1201	Mailing Address PO BOX 160306 MOBILE, AL 36616-1306
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04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 63-1177746	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CAMPUS, JOSEPH J III 3298 SUMMIT BLVD., #8 PENSACOLA, FL 32503
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2005**

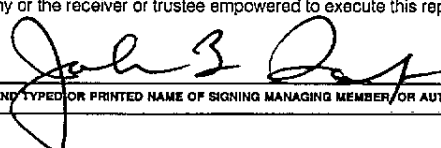
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAINT, JOHN B 41 W. INTERSTATE 65 SEVICE RD N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEFAN, CHESTER J 41 W INTERSTATE 65 SERVICE RD. N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/04/05-80053-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-21-05

(251) 380-2929