

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90031 042 \*\*\*\*50.00

**DOCUMENT # M96000000346**

1. Entity Name  
**MODEL HOMES, L.L.C.**



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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**63-1177746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III  
3298 SUMMIT BLVD., #8  
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name **Frank M. Gammon, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 N. US Hwy. 277  
Suite G  
Clermont FL 34711**

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.

**FRANK GAMMON**  
(NOTE: Registered Agent signature required when reinstating)

**4/27/08**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SAINT, JOHN B  
41 W. INTERSTATE 65 SERVICE RD N.  
MOBILE, AL 366081201** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEFAN, CHESTER J  
41 W INTERSTATE 65 SERVICE RD. N.  
MOBILE, AL 366081201** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-25-07**

**(251) 380-2929**

Date

Daytime Phone #