

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000346

Entity Name: MODEL HOMES, L.L.C.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

COLONIAL BANK CENTRE
41 WEST INTERSTATE SERVICE ROAD NORTH
MOBILE, AL 366081201

New Principal Place of Business:

COLONIAL BANK CENTRE
41 W. I65 SERVICE ROAD N.
MOBILE, AL 366081201

Current Mailing Address:

PO BOX 160306
MOBILE, AL 366161306

New Mailing Address:

FEI Number: 63-1177746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMMON, FRANK M JR
301 N. U.S. HWY 27
SUITE G
CLERMONT, FL 34711 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: MGRM () Delete
Name: SAINT, JOHN B
Address: 41 W. INTERSTATE 65 SEVICE RD N.
City-St-Zip: MOBILE, AL 366081201

Title: MGRM () Delete
Name: STEFAN, CHESTER J
Address: 41 W INTERSTATE 65 SERVICE RD. N.
City-St-Zip: MOBILE, AL 366081201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAINT, JOHN B
Address: 41 W. I65 SERVICE ROAD N.
City-St-Zip: MOBILE, AL 366081201

Title: MGRM (X) Change () Addition
Name: STEFAN, CHESTER J
Address: 41 W. I65 SERVICE ROAD N.
City-St-Zip: MOBILE, AL 366081201

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: JOHN B. SAINT

MGRM

04/28/2009

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