2005 FOR PROFIT CORPORATION

FILED May 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000108308 1. Entity Name JLL HOMES, INC. Principal Place of Business Mailing Address 9551 HWY. 78 WEST 2436 N. FEDERAL HWY. OKEECHOBEE, FL 34974 PMB 386 LIGHTHOUSE POINT, FL 33064 CR2E034 (10/03) No Chg-P 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3718128 Not Applicable \$8.75 Additional Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent LACERTE, JEAN L DO NOT WRITE 2436 N. FEDERAL HWY. PMB 386 IN THIS SPACE LIGHTHOUSE POINT, FL 33064 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 (NOTE Registered Agent signature required when reinstating) Signature, tyged or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TOTALE JEAN LOUIS LACERTE NAME 2436 N, FEDERAL HWY, PMB 386 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 000000360276 05/05/05-80027-007 150.00 TITLE JEAN LOUIS LACERTE NAME 2436 N. FEDERAL HWY. PMB 386 STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TITLE A STATE OF THE STA JEAN LOUIS LACERTE 2436 N. FEDERAL HWY. PMB 386 STREET ADDRESS DO NOT WRITE LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. (hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP

TURE AND TYPE