

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-15-2005 90026034 \*\*\*150.00  
P04000102284

DOCUMENT # P04000102284

1. Entity Name

LNR HOMES, INC.



FILED

05 MAY -9 PM 2:03

Principal Place of Business

510 WIDEVIEW AVE.  
TARPON SPRINGS FL 34689  
US

Mailing Address

510 WIDEVIEW AVE.  
TARPON SPRINGS FL 34689  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1914465

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINEBACK, HAROLD R  
510 WIDEVIEW AVE.  
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PRES                    | <input type="checkbox"/> Delete |
| NAME           | RUDESILL, BRIAN K       |                                 |
| STREET ADDRESS | 510 WIDEVIEW AVE.       |                                 |
| CITY-ST-ZIP    | TARPON SPRINGS FL 34689 |                                 |
| TITLE          | SECR                    | <input type="checkbox"/> Delete |
| NAME           | LINEBACK, JULIA         |                                 |
| STREET ADDRESS | 510 WIDEVIEW AVE.       |                                 |
| CITY-ST-ZIP    | TARPON SPRINGS US 34689 |                                 |
| TITLE          | TREA                    | <input type="checkbox"/> Delete |
| NAME           | RUDESILL, ANITA L       |                                 |
| STREET ADDRESS | 510 WIDEVIEW AVE.       |                                 |
| CITY-ST-ZIP    | TARPON SPRINGS US 34689 |                                 |
| TITLE          | COO                     | <input type="checkbox"/> Delete |
| NAME           | LINEBACK, HAROLD R      |                                 |
| STREET ADDRESS | 510 WIDEVIEW AVE.       |                                 |
| CITY-ST-ZIP    | TARPON SPRINGS US 34689 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, after all other like or powered.

SIGNATURE: *Harold R. Lineback* **HAROLD R. LINEBACK**  
Date: **3-09-05** 727-919-1737