

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000102284

1. Entity Name
LNR HOMES, INC.



Principal Place of Business
510 WIDEVIEW AVE.
TARPON SPRINGS, FL 34689 US

Mailing Address
510 WIDEVIEW AVE.
TARPON SPRINGS, FL 34689 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1914465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	RUDESILL, BRIAN K
STREET ADDRESS	510 WIDEVIEW AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SECR
NAME	LINEBACK, JULIA
STREET ADDRESS	510 WIDEVIEW AVE.
CITY-ST-ZIP	TARPON SPRINGS, US 34689
TITLE	TREA
NAME	RUDESILL, ANITA L
STREET ADDRESS	510 WIDEVIEW AVE.
CITY-ST-ZIP	TARPON SPRINGS, US 34689
TITLE	COO
NAME	LINEBACK, HAROLD R
STREET ADDRESS	510 WIDEVIEW AVE.
CITY-ST-ZIP	TARPON SPRINGS, US 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80012-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 another, like empowered.

SIGNATURE *Harold R. Lineback COO* HAROLD R. LINEBACK COO. 1-06-08 727-919-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #