

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018798

**Entity Name:** EXCALIBUR HOMES LLC

**Current Principal Place of Business:**

20340 S.W. 79TH LANE  
DUNNELLON, FL 34431-5130

**Current Mailing Address:**

20340 S.W. 79TH LANE  
DUNNELLON, FL 34431-5130

**FEI Number:** 43-1964806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHWIER, STEVEN L  
20340 S.W. 79TH LANE  
DUNNELLON, FL 34431-5130 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SCHWIER, STEVEN L  
Address 20340 SW 79TH LN  
City-State-Zip: DUNNELLON FL 34431-5130

Title MGRM  
Name SCHWIER, NANCY L  
Address 20340 SW 79TH LN  
City-State-Zip: DUNNELLON FL 34431-5130

Title MGRM  
Name SCHWIER, MATTHEW B  
Address 707 SW 117TH ST  
City-State-Zip: GAINESVILLE FL 32607

Title MGRM  
Name SCHWIER, JEREMIAH J  
Address 20340 SW 79TH LN  
City-State-Zip: DUNNELLON FL 34431

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN L SCHWIER

**MANAGING MEMBER**

**02/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date