

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90200 046 \*\*\*\*55.00

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DOCUMENT # L0000005665			
1. Entity Name HOME DYNAMICS SIERRA RANCH, LLC			
Principal Place of Business 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319		Mailing Address 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHACK, EDWARD J 7954 PINES BLVD PEMBROKE PINES, FL 33024		Name: <u>STREET, THOMAS E</u> Street Address (P.O. Box Number is Not Acceptable): <u>222 LAKEVIEW AVE, SUITE 400</u> City: <u>WEST PALM BEACH</u> FL Zip Code: <u>33401</u>	
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: <u>Thomas E Street</u>		DATE: <u>2/28/05</u>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACK, DAVID 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my 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: <u>[Signature]</u>		Date: <u>1/25/05</u> Daytime Phone #: <u>954-484-4800</u>	