


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90022 025 ****50.00

DOCUMENT # L03000048456

1. Entity Name
HOMESTEAD PLAZA GROUP, LLC



Principal Place of Business Mailing Address
4099 TAMiami TRAIL NORTH, STE 305 **4099 TAMiami TRAIL NORTH, STE 305**
NAPLES, FL 34103 **NAPLES, FL 34103**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20047876



03072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0438417

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANDLER, ASA W III 4099 TAMiami TRAIL NORTH, STE 305 NAPLES, FL 34103	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CANDLER, ASA II <input type="checkbox"/> Delete 4099 TAMiami TRAIL #305 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOCOFF, IRVING <input type="checkbox"/> Delete 4099 TAMiami TRAIL #305 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Soloff, Jeremy <input type="checkbox"/> Change <input type="checkbox"/> Addition 4099 Tamiami Trail, #305 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FITZGERALD, WILLIAM E <input type="checkbox"/> Delete 4099 TAMiami TRAIL #305 NAPLES, FL 34103	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
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
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:  **4.22.05** **239-262-3334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #