

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029003

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: HOMELAND PROPERTIES, LLC

**Current Principal Place of Business:**

12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 540  
MADISON, FL 32341 US

**New Mailing Address:**

12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

FEI Number: 20-2696636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBB, GARY  
12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEBB, GARY  
Address: POST OFFICE BOX 540  
City-St-Zip: MADISON, FL 32341 US

Title: MGRM ( ) Delete  
Name: WEBB, MATT G  
Address: POST OFFICE BOX 540  
City-St-Zip: MADISON, FL 32341 US

Title: MGRM ( ) Delete  
Name: CHAMBLIN, JAMES A  
Address: POST OFFICE BOX 936  
City-St-Zip: MADISON, FL 32341

Title: MGRM ( ) Delete  
Name: GRAY, RALPH  
Address: POST OFFICE BOX 709  
City-St-Zip: MADISON, FL 32341 US

**ADDITIONS/CHANGES:**

Title: MP (X) Change ( ) Addition  
Name: WEBB, GARY  
Address: 12166 NORTH STATE ROAD 53  
City-St-Zip: MADISON, FL 32340 US

Title: MP (X) Change ( ) Addition  
Name: WEBB, MATT G  
Address: POST OFFICE BOX 540  
City-St-Zip: MADISON, FL 32341 US

Title: MP (X) Change ( ) Addition  
Name: CHAMBLIN, JAMES A  
Address: POST OFFICE BOX 936  
City-St-Zip: MADISON, FL 32341

Title: MP (X) Change ( ) Addition  
Name: GRAY, RALPH  
Address: POST OFFICE BOX 709  
City-St-Zip: MADISON, FL 32341 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GARY WEBB

MP

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date