


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90010 035 \*\*\*\*50.00

|                                                                                                                                                                                                                               |                           |                                 |                                                                                      |                                                                                                          |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000034587</b>                                                                                                                                                                                                |                           |                                 |                                                                                      |                         |                                                                              |
| 1. Entity Name<br><b>HOMEWOOD LLC</b>                                                                                                                                                                                         |                           |                                 |                                                                                      |                                                                                                          |                                                                              |
| Principal Place of Business<br><b>5145 GULF OF MEXICO DRIVE<br/>LONGBOAT KEY FL 34228<br/>US</b>                                                                                                                              |                           |                                 | Mailing Address<br><b>5145 GULF OF MEXICO DRIVE<br/>LONGBOAT KEY FL 34228<br/>US</b> |                                                                                                          |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                           | 3. Mailing Address              |                                                                                      |                                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                           | Suite, Apt. #, etc.             |                                                                                      |                                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                  |                           | City & State                    |                                                                                      |                                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                           | Country                   | Zip                             | Country                                                                              | 4. FEI Number <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                                               |                           |                                 |                                                                                      | 2nd MOORE CR2E083 (4/07)                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                           |                                 | 7. Name and Address of New Registered Agent                                          |                                                                                                          |                                                                              |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b>                                                                                                                                              |                           |                                 | Name                                                                                 |                                                                                                          |                                                                              |
|                                                                                                                                                                                                                               |                           |                                 | Street Address (P.O. Box Number is Not Acceptable)                                   |                                                                                                          |                                                                              |
|                                                                                                                                                                                                                               |                           |                                 | City                                                                                 |                                                                                                          |                                                                              |
|                                                                                                                                                                                                                               |                           |                                 | FL Zip Code                                                                          |                                                                                                          |                                                                              |
| 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 _____                                                                                                                                 |                           |                                 |                                                                                      |                                                                                                          |                                                                              |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 5, 2007</b>                                                                                              |                           |                                 |                                                                                      |                                                                                                          |                                                                              |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                |                           |                                 | 10. ADDITIONS / CHANGES                                                              |                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         | MGRM                      | <input type="checkbox"/> Delete | TITLE                                                                                | MGRM                                                                                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                          | SEATON, JAMES VERNON      |                                 | NAME                                                                                 | SEATON, J. LANGFORD                                                                                      |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 5145 GULF OF MEXICO DRIVE |                                 | STREET ADDRESS                                                                       | 5145 GULF OF MEXICO DR.                                                                                  |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | LONGBOAT KEY FL 34228     |                                 | CITY-ST-ZIP                                                                          | LONGBOAT KEY FL 34228                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                         | MGRM                      | <input type="checkbox"/> Delete | TITLE                                                                                |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          | SEATON, MICHAEL TAYLOR    |                                 | NAME                                                                                 |                                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 207 HOLLEY CT.            |                                 | STREET ADDRESS                                                                       |                                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BARBOURSVILLE WV 25504    |                                 | CITY-ST-ZIP                                                                          |                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         | MGRM                      | <input type="checkbox"/> Delete | TITLE                                                                                |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          | STINSON, DOROTHY ANN      |                                 | NAME                                                                                 |                                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                | 2 COURTSIDE DRIVE         |                                 | STREET ADDRESS                                                                       |                                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   | HUNTINGTON WV 25705       |                                 | CITY-ST-ZIP                                                                          |                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         |                           | <input type="checkbox"/> Delete | TITLE                                                                                |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          |                           |                                 | NAME                                                                                 |                                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                |                           |                                 | STREET ADDRESS                                                                       |                                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                           |                                 | CITY-ST-ZIP                                                                          |                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         |                           | <input type="checkbox"/> Delete | TITLE                                                                                |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          |                           |                                 | NAME                                                                                 |                                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                |                           |                                 | STREET ADDRESS                                                                       |                                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                           |                                 | CITY-ST-ZIP                                                                          |                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                         |                           | <input type="checkbox"/> Delete | TITLE                                                                                |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                          |                           |                                 | NAME                                                                                 |                                                                                                          |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                |                           |                                 | STREET ADDRESS                                                                       |                                                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                           |                                 | CITY-ST-ZIP                                                                          |                                                                                                          |                                                                              |

11. 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 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:** *James Vernon Seaton* **7-20-07** **941-587-2700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #