

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005363

FILED
May 02, 2006
Secretary of State

Entity Name: NATIONWIDE HOMSTARUSA, LLC

Current Principal Place of Business:

2119 CLIFF DRIVE
EAGAN, MN 55122

New Principal Place of Business:

Current Mailing Address:

2119 CLIFF DRIVE
EAGAN, MN 55122

New Mailing Address:

FEI Number: 20-1874605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN TUPY, CRAIG
3441 POINTE CREEK COURT #101
BONITA SPRINGS, FL 43134 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: MGR () Delete
Name: TUPY, CRAIG A
Address: 2119 CLIFF DRIVE
City-St-Zip: EAGAN, MN 55122

Title: MGR () Delete
Name: WATTS, STEVE
Address: 2119 CLIFF DRIVE
City-St-Zip: EAGAN, MN 55122

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG A TUPY

MGR

05/02/2006

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