

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000120630

1. Entity Name
AMERICA'S HOME, LLC



Principal Place of Business
2606 SOUTH US HWY 1
FT PIERCE, FL 34982 US

Mailing Address
2606 SOUTH US HWY 1
FT PIERCE, FL 34982 US



02252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3962860 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

O'BRYANT, PARICHAD
2606 SOUTH US HWY 1
FT PIERCE, FL 34982

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM O'BRYANT, PARICHAD 2606 SOUTH US HWY 1 FT PIERCE, FL 34982 |
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03/29/07-80048-014 50.00

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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: Richard O'bryant Parichad O'bryant 3-16-07 772-57-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #