2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000056149

Entity Name: HOMANGO LLC

Current Principal Place of Business:

20201 E COUNTRY CLUB DR
STE 2103
AVENTURA, FL 33180

New Principal Place of Business:

2000 ISLAND BLVD
STE 1908
AVENTURA, FL 33160

Current Mailing Address:

20201 E COUNTRY CLUB DR
STE 2103
AVENTURA, FL 33180

New Mailing Address:

2000 ISLAND BLVD
STE 1908
AVENTURA, FL 33160

FEI Number: 26-2761818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICK VIVIES CPA, PA
700 E DANIA BEACH BLVD
STE 202
DANIA, FL 33004 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: GURT, MAURICE
Address: 20201 E. COUNTRY CLUB DR. STE 20201
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: GURT, COLETTE
Address: 20201 E. COUNTRY CLUB DR. STE 20201
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GURT, MAURICE
Address: 2000 ISLAND BLVD #1908
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Change ( ) Addition
Name: GURT, COLETTE
Address: 2000 ISLAND BLVD #1908
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: MAURICE GURT MGR 04/16/2009

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