2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 17, 2000 00:00 1111	
DOCUMENT # L0000005546			Secretary of State		
1. Entity Nam	re HOMES, L.L.C.				
CIARCER	TIONES, C.C.O.			}	
Principal Plac	e of Business	Mailing Address		}	
	PRIDA AVENUE	1420 S. FLORIDA AVENUE		}	
LAKELAND,		LAKELAND, FL 33803	<u> </u>	}	
				{ }	88811 88881 8888 81111 88818 888881 113 (888
DO NOT WRITE IN THIS SPA			CE	01052006No Chg-LLC	CR2E083 (11/05)
				4. FEI Number 59-3649723	Applied For Not Applicable
					CE OO ALIM
	6 N	4.8	· } · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Curren	t Registered Agent	Supplementary of Supplementary of the contract	al Andrew 1 are suppresser	
HARPER, ROBERT F III 1420 S. FLORIDA AVENUE LAKELAND, FL 33803				DO NOT W	RITE
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			IN THIS SPACE		
8. The above	named entity submits this statement to	or the purpose of changing its registe	ered office or register	red agent, or both, in the State of Flor	rida. I am tamiliar with, and accept
(ne obliga	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered ager	r and title if applicable (NOTE, Registe	red Agent signature required	1 when reinstating)	OATE
					• •
D F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEME	ERS/MANAGERS	Ť		
TITLE	MGR				
NAME STREET ADDRESS	HARPER, PAUL SEAN 5299 STONE OAKS DR				
CITY-ST-ZIP	LAKELAND, FL 33811			100000	1388568 -80015-006 50.00
TITLE				01/20/06-	-80015-006.50.00
NAME					
STREET ADDRESS CITY-ST-ZIP			1		
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NAME					
STREET ADDRESS GIFY-ST-ZIP			İ	DO NOT W	RITF
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NAME				IN THIS SP	AUE
STREET ADDRESS					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			ŀ		

11. I hereby certify that the information supplied with this filling 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 accertate 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 trastee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-06

Daytime Phone #