


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90113 036 \*\*\*\*50.00

<b>DOCUMENT # L00000006426</b>					
<b>1. Entity Name</b> ADVANCED HOMEBUYERS, LLC					
<b>Principal Place of Business</b> 5021 S. HWY 17-92 CASSELBERRY, FL 32707			<b>Mailing Address</b> 5021 S. HWY 17-92 CASSELBERRY, FL 32707		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 181309			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Casselberry FL		<b>4. FEI Number</b> 59-3640444	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
32718		USA		04102007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  MATHERS, MARILYN 5021 S. HWY 17-92 CASSELBERRY, FL 32707			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MATHERS, MARILYN 5021 HWY 17-92 CASSELBERRY, FL 32707		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 181309 Casselberry FL 32718	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> _____			Marilyn Mathers		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <span style="float: right;">4-25-07</span> Daytime Phone # <span style="float: right;">407-767-5900</span>		