

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006801

Entity Name: HOMELAND PLAZA, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

3843 N.W. 65TH DR.
BOCA RATON, FL 33496

New Principal Place of Business:

5503 N. MILITARY TRAIL
#201
BOCA RATON, FL 33496

Current Mailing Address:

3843 N.W. 65TH DR.
BOCA RATON, FL 33496

New Mailing Address:

5503 N. MILITARY TRAIL
#201
BOCA RATON, FL 33496

FEI Number: 01-0588729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBENSTEIN, LEON
3843 LANDINGS DR
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

RUBENSTEIN, LEON
5503 N. MILITARY TRAIL
#201
BOCA RATON, FL 33496 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALTMAN, OWEN
Address: 16193 RIO DEL SOL
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: RUBENSTEIN, LEON
Address: 3843 LANDINGS DRIVE
City-St-Zip: BOCA RATON, FL 33496

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

Title: MGR (X) Change () Addition
Name: RUBENSTEIN, LEON
Address: 5503 N. MILITARY TRAIL #201
City-St-Zip: BOCA RATON, FL 33496

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: LEON RUBENSTEIN

MGR

04/24/2009

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