2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013445

1. Entity Name

HOM OF MEADOWS SOUTH, LLC



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

Mailing Address

2979 PGA BLVD.

PALM BEACH GARDENS, FL 33410

2979 PGA BLVD. PALM BEACH GARDENS, FL 33410



04252007 No Chg-LLC

CR2E083 (11/05)

Daylime Phone #

4.	FEI Number		Applied For
	65-1129189	Γ.	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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	named entity submits this statement for the purpose of changing its registere ions of registered agent.	od office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	d Agent algorature 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 HOME QUALITY MANAGEMENT, INC. 2979 PGA BLVD. PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000743588 05/15/07-80115-004 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		03/13/01-00113-00 4 30.00			

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.

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE