


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014571 1. Entity Name HOMEOWNERS ASSISTANCE GROUP, LLC		
Principal Place of Business 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	Mailing Address 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAW OFFICES OF CARRILLO & CARRILLO, P.A. 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIGMA CAPITAL PARTNERS, LLC 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLM INVESTMENTS, LLC 8550 WEST FLAGLER STREET MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1133679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

100000005238
01/15/04-80046-008 50.00

**DO NOT WRITE
IN THIS SPACE**

1/5/04 305-460-6001

Date

Daytime Phone #