## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L01000014997

1. Entity Name HOME DYNAMICS PBC, LLC



FILED
Jan 16, 2004 08:00 AM
Secretary of State

Principal Place of Business

4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319

Mailing Address

4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319



6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SCHACK, EDWARD J 7954 PINES BOULEVARD PEMBROKE PINES, FL 33024 65-1132670 Not Applie

5. Certificate of Status Desired See Required Fee Required

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4. FEI Numbei

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 acree the obligations of registered agent.

\_\_\_\_\_

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

Applied For

Filing Fee is \$50.00 Due by May 1, 2004

S.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM SCHACK, DAVID 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319
TITLE NAME STREET ADDRESS GUY-ST-DP	IAMAROLI, PL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-21P	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and fiability displayers shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trusted empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

13/04

DSU ARA WROLLY