


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90103 030 ****55.00

DOCUMENT # L02000003465	
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1. Entity Name
HOME SAVINGS PROGRAM, LLC

Principal Place of Business
7858 E GULF TO LAKE HWY
INVERNESS, FL 34450 US

Mailing Address
128 SW MARION OAKS BLVD., STE 107
SUITE 204
OCALA, FL 34473 US



2. Principal Place of Business

3. Mailing Address

7858 E Gulf to Lake Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Inverness, FL

4. FEI Number

13-4207163

Applied For

Not Applicable

Zip

Country

Zip

Country

34450

US

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUE, VIVIAN
128 SW MARION OAKS BLVD., STE 107
OCALA, FL 34473

Name
Suzanne Vivian

Street Address (P.O. Box Number is Not Acceptable)

7858 E Gulf to Lake Hwy

City
Inverness

FL

Zip Code
34450

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

Suzanne Vivian

(NOTE: Registered Agent signature required when reinstating)

7-6-06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	VIVIAN, SUZANNE	
STREET ADDRESS	7858 E GULF TO LAKE HWY	
CITY-ST-ZIP	INVERNESS, FL 34450	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Suzanne Vivian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-6-06 352-527-9525