


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000009534**

1. Entity Name  
**HOME STREET, LLC**



Principal Place of Business      Mailing Address

**60 OCEAN BLVD.  
 ATLANTIC BEACH, FL 32233**      **60 OCEAN BLVD.  
 ATLANTIC BEACH, FL 32233**

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>27-0029952</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLOODWORTH, SUSAN S ESQ.  
 170 MALAGA ST., STE. A  
 ST. AUGUSTINE, FL 32084**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

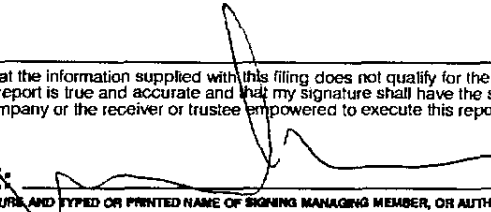
U00000111041  
 04/12/04-80107-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP SONES, MICHAEL A 121 OCEAN FOREST DR N ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATTENBACH, MICHAEL 538 GOLDENROD LN NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, ROBERT T SR 67 TALLWOOD RD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this 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 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:**       **4/1/04**      **(904) 246-9593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #