


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90039 012 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000012195	
<b>1. Entity Name</b> HOMECENTRAL, LLC	

<b>Principal Place of Business</b> 10800 NW 21ST STREET 200 MIAMI, FL 33172	<b>Mailing Address</b> 10800 NW 21ST STREET 200 MIAMI, FL 33172
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<b>2. Principal Place of Business</b> 3900 NW 79TH AVE	<b>3. Mailing Address</b> SAME
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<b>Suite, Apt. #, etc.</b> SUITE 729	<b>Suite, Apt. #, etc.</b>
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<b>City &amp; State</b> DORAL FL	<b>City &amp; State</b>
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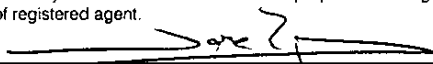
<b>Zip</b> 33166	<b>Country</b> MIAMI-DADE	<b>Zip</b>	<b>Country</b>
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01062006 Chg-LLC CR2E083 (11/05)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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<b>ESPARZA, JOSE J</b> 10800 NW 21ST STREET UNIT 200 MIAMI, FL 33172	<b>Name</b> JOSE J. ESPARZA <b>Street Address (P.O. Box Number is Not Acceptable)</b> 3900 NW 79TH AVE SUITE 729 <b>City</b> DORAL <b>FL</b> <b>Zip Code</b> 33166
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<b>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.</b> SIGNATURE  DATE 4/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> PD <b>NAME</b> ESPARZA, JOSE J <input type="checkbox"/> Delete <b>STREET ADDRESS</b> 10800 NW 21ST STREET, UNIT 200 <b>CITY - ST - ZIP</b> MIAMI, FL 33172		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> 3900 NW 79TH AVE SUITE 729 <b>CITY - ST - ZIP</b> DORAL FL 33166	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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.**

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4/12/06 305-4061711 <small>Date Daytime Phone #</small>
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