2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013788

1. Entity Name
SOLUTION HOME BUYERS USA, LLC

24015788

Principal Place of Business	Mailing Address
609 TAMIAMI TRAIL SOUTH VENICE, FL 34275	609 TAMIAMI TRAIL SOUTH VENICE, FL 34275

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
11-3646322		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

VAN WINKLE, MARY E
2815 PROCTOR ROAD
SARASOTA, FL 34231

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JARS MANAGEMENT, ICN.
STREET ADDRESS	609 TAMIAMI TRAIL SOUTH
CITY-ST-ZIP	VENICE, FL 34275
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

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