

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000013858**

1. Entity Name  
**HOMAM, LLC**



Principal Place of Business  
**9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569**

Mailing Address  
**PO BOX 5299  
TAMPA, FL 33675-5299**



04072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1541386**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, TRACY J JR  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569**

**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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HARRIS, TRACY J JR  
701 INDIANA AVE.  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KEARNEY, BING  
911 SEDDON COVE WAY  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1100000138625  
04/29/04-80087-023 50.00

**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)(f), 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 #

**4/26/04 813/621-7454**