


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 013 \*\*\*\*50.00

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000013858</b>      |  |
| 1. Entity Name<br><b>HOMAM, LLC</b> |                                                                                   |

|                                                                                    |                                                                |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>9625 WES KEARNEY WAY<br/>RIVERVIEW, FL 33569</b> | Mailing Address<br><b>PO BOX 5299<br/>TAMPA, FL 33675-5299</b> |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                                                    |                                           |
|------------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>5115 JOANNE KEARNEY BLVD.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|------------------------------------------------------------------------------------|-------------------------------------------|

|                                   |                       |
|-----------------------------------|-----------------------|
| City & State<br><b>TAMPA, FL.</b> | City & State          |
| Zip<br><b>33619</b>               | Country<br><b>USA</b> |

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HARRIS, TRACY J JR<br/>9625 WES KEARNEY WAY<br/>RIVERVIEW, FL 33569</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

**60042488**



04062007 Chg-LLC CR2E083 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>42-1541386</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                        |                             |
|----------------------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of New Registered Agent                                            |                             |
| Name<br><b>JAMES M. REED</b>                                                           |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>5115 JOANNE KEARNEY BLVD.</b> |                             |
| City<br><b>TAMPA</b>                                                                   | FL Zip Code<br><b>33619</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.

SIGNATURE  DATE **4/23/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                           | 10. ADDITIONS/CHANGES                          |                                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HARRIS, TRACY J JR<br>9625 WES KAERNEY WAY<br>RIVERVIEW, FL 33569 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5115 JOANNE KEARNEY BLVD.<br>TAMPA FL 33619 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KEARNEY, BING<br>9625 WES KEARNEY WAY<br>RIVERVIEW, FL 33569 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5115 JOANNE KEARNEY BLVD.<br>TAMPA FL 33619 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |

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:  DATE **4/23/07** 813 435-7105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE