

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000015408

1. Entity Name  
HOMELEGANCE PROPERTIES, L.L.C.



Principal Place of Business  
4141 NORTH JOHN YOUNG PARKWAY  
ORLANDO, FL 32804

Mailing Address  
4141 NORTH JOHN YOUNG PARKWAY  
ORLANDO, FL 32804



05212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0468029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANG, HWAI YU 327 CINDY CT LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIN HSU, MEI-HSIANG 4620 CHARDONNARY CT DUNWOODY, GA 30338
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U000000765395  
06/01/07-800003-015 50.00

**DO NOT WRITE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #