

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016622

FILED
Feb 12, 2007
Secretary of State

Entity Name: UNITED HOME INVESTERS, LLC

Current Principal Place of Business:

6400 N ANDREWS AVE SUITE 460
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6400 N ANDREWS AVE SUITE 460
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 56-2282470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAISER, STEVEN
6400 N. ANDREWS AVE.
SUITE 460
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAISER, STEVEN
Address: 6400 N. ANDREWS AVE, SUITE 460
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: KAISER, STEVEN
Address: 6400 N. ANDREWS AVE. SUITE 460
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: KAISER, MARIELA
Address: 6400 N. ANDREWS AVE. SUITE 460
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN W. KAISER

MGRM

02/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date