

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017318

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HOME FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
SUITE 103  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

12555 ORANGE DRIVE  
SUITE 103  
DAVIE, FL 33330 US

**New Mailing Address:**

FEI Number: 11-3643363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CEVALLOS, MEDARDO F  
12555 ORANGE DRIVE  
SUITE 103  
DAVIE, FL 33330 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: PORRARO, SCOTT M  
Address: 12555 ORANGE DRIVE, SUITE # 103  
City-St-Zip: DAVIE, FL 33330 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CEVALLOS, MEDARDO F  
Address: 12555 ORANGE DRIVE, SUITE # 103  
City-St-Zip: DAVIE, FL 33330 US

Title: MGR ( ) Change (X) Addition  
Name: PORRARO, SCOTT M  
Address: 12555 ORANGE DRIVE  
City-St-Zip: DAVIE, FL 33330 US

I hereby certify that the information supplied with this filing does not qualify 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: MEDARDO CEVALLOS      MGRM      04/30/2008

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