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Secretary of State
04-14-2005 90028 017 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017609

1. Entity Name
HOMELAND COASTAL INVESTMENTS LLC

300056660

Principal Place of Business	Mailing Address
1087 WOODVILLE HWY CRAWFORDVILLE, FL 32327	1087 WOODVILLE HWY CRAWFORDVILLE, FL 32327

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3147 Mulberry PK. Blvd.	3147 Mulberry PK Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tal., Fl.	City & State: Tal., Fl
Zip: 32311 Country: Leon	Zip: 32311 Country: Leon

4. FEI Number: 55-0788234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAUER, JOANNA A 3147 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARKER, III, JAMES H 1087 WOODVILLE HWY. CRAWFORDVILLE, FL 32327 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ MGRM Joanna A. Mauer 3147 Mulberry Pk. Blvd Tal Fl 32311 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ MGRM Robert Frasle 65 Bunting Dr. C'ville, Fl. 32327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Joanna A. Mauer 4/12/05 850-561-5702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

[signature] change note 5/3/05