2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018650

1. Entity Name
HOMELAND SOLUTIONS, LLC



FILED Jan 09, 2006 08:00 AN Secretary of State

Principal Place of Business

997 W. KENNEDY BLVD., A25 ORLANDO, FL 32810 Mailing Address

997 W. KENNEDY BLVD., A25 ORLANDO, FL 32810



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3704811 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVELLE, PATRICIA 997 W. KENNEDY BLVD., A25 ORLANDO, FL 32810

SIGNATURE:

SIGNATURE AN

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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, 2006		Un0000380716 01/11/06-80023-021 55.00		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, BERNARD 997 W KENNEDY BLVD A25 ORLANDO, FL 32810			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR LAVELLE, PATRICIA 997 W KENNEDY BLVD A25 ORLANDO, FL 32810		· · · · · · · · · · · · · · · · · · ·	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Λ			
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 interested accurate and that my signature shall have the same legal effect as if made under path; 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.				

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

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