2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029805

1. Entity Name
YOUR HOME PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
5373 EHRLICH ROAD SUITE 145 TAMPA, FL 33625 US	5373 EHRLICH ROAD SUITE 145 TAMPA, FL 33625 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5408 St James Drive Suite, Apt. #, etc.
City & State	City & State: New Port Richey, FL
Zip / Country	Zip: 34652 / Country: USA

4. FEI Number: 13-4219575 ☐ 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
WILLIAMS, WAYNE 5373 EHRLICH ROAD SUITE 145 TAMPA, FL 33625	Name: Kelly Drew Street Address (P.O. Box Number Is Not Acceptable): 5408 St James Drive City: New Port Richey FL Zip Code: 34652

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: Kelly L Drew, Kelly Drew 8-30-03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Make Check Payable To: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Rodolfo Sequeira 5373 Ehrlich Road Tampa, FL 33625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/AM Elizabeth Block 5373 Ehrlich Road Tampa, FL 33625	☐ 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	600022791195 09/05/03--01052--001 **55.00	☐ 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

CR2E083 (10/02)

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.

Rodolfo Sequeira

SIGNATURE: Rodolfo Sequeira Manag. Member 8-30-03 (800) 374-3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #