

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030921

FILED
Apr 17, 2006
Secretary of State

Entity Name: HOME SERVICES MARKETING AND MANAGEMENT, L.L.C.

Current Principal Place of Business:

9100 HAMMAN
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15606
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 51-0436034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEASLEY, ROBERT O
220 W. GARDEN ST., #606
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BEASLEY, ROBERT O
226 EAST GOVERNMENT STREET
PENSACOLA, FL 32501 US

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:

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KILLINGSWORTH, CLINTON W
Address: 10366 MERCER LANE
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Delete
Name: KILLINGSWORTH, CLIFFORD F
Address: 7358 CHIMNEY PINES DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KILLINGSWORTH, CLINTON W
Address: 933 BUCYRUS LN
City-St-Zip: CANTONMENT, FL 32533

Title: MGR (X) Change () Addition
Name: KILLINGSWORTH, CLIFFORD F
Address: 205 NEWBERRY STREET
City-St-Zip: CANTONMENT, FL 32533

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: CLINTON W. KILLINGSWORTH

MGR

04/17/2006

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