2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031143

1. Entity Name
HOMELINK, LLC

Principal Place of Business	Mailing Address
3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1161261		Not Applicable

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

6. Name and Address of Current Registered Agent

DEMETREE, CHRISTOPHER C
3740 BEACH BLVD., SUITE 300
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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
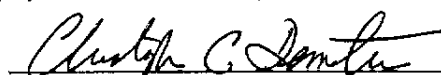
Filing Fee is $50.00
Due by May 1, 2005

U00000337025
04/27/05-80152-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DEMETREE, CHRISTOPHER C
STREET ADDRESS	3740 BEACH BLVD., SUITE 300
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _Christoph C Demetree_   4/26/05   904-398-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #