

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90019 047 ****50.00

DOCUMENT # LO2000033882
1. Entity Name HOMESTEST LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>BROWARD COUNTY</u>		3. Mailing Address <u>8020 EASTLAKE DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>BOCA RATON, FL</u>	
Zip	Country	Zip	Country
		<u>33433</u>	<u>USA</u>

10103003

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

M.B. KERSHNER PRES

5-19-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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.

SIGNATURE:

M.B. KERSHNER PRES

Date

Daytime Phone #

5-19-03 561-558-9964