

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004938

Entity Name: R/E HOME INVESTORS, LLC

FILED
Feb 09, 2005
Secretary of State

Current Principal Place of Business:

5151 SUNBEAM ROAD #3
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

5151 SUNBEAM ROAD #3
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 13-4240498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, EDWARD (RUSS)
5151 SUNBEAM ROAD #3
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

WINTERS, EDWARD (RUSS) III
5151 SUNBEAM ROAD #3
JACKSONVILLE, FL 32257 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: EDWARD WINTERS III

02/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WINTERS, EDWARD (RUSS)
Address: 12821 HAWK CREST PLACE
City-St-Zip: JACKSONVILLE, FL 322581100

Title: MGRM (X) Delete
Name: STANLEY, ERIC M
Address: 13 DOGWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINTERS, EDWARD (RUSS) III
Address: 12821 HAWK CREST PLACE
City-St-Zip: JACKSONVILLE, FL 322581100

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD (RUSSELL) WINTERS III

MNGR

02/09/2005

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