2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# L03000005913

Entity Name: EXPLORER HOME INVESTMENTS, LLC

Current Principal Place of Business:

13943 SW 119 AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

13943 SW 119 AVENUE
MIAMI, FL 331866202 US

Current Mailing Address:

13943 SW 119 AVENUE
MIAMI, FL 33186 US

New Mailing Address:

13943 SW 119 AVENUE
MIAMI, FL 331866202 US

FEI Number: 74-3079971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALOMON HAZDAY, JR., P.A.
2655 LEJEUNE ROAD
PENHOUSE 2
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VILOMAR, GUSTAVO E
Address: 13943 SW 119 AVENUE
City-St-Zip: MIAMI, FL 33186 US

Title: MGR ( ) Delete
Name: COLLADA, FRANCISCO R
Address: 13943 SW 119 AVENUE
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VILOMAR, GUSTAVO E
Address: 13943 SW 119 AVENUE
City-St-Zip: MIAMI, FL 331866202 US

Title: MGR (X) Change ( ) Addition
Name: COLLADA, FRANCISCO R
Address: 13943 SW 119 AVENUE
City-St-Zip: MIAMI, FL 331866202 US

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: GUS VILOMAR MGR 03/31/2006

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