


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000007502</b> 1. Entity Name HOMELAND, LLC	
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Principal Place of Business 4605 N.E. 14TH PLACE OCALA, FL 34470	Mailing Address 4605 N.E. 14TH PLACE OCALA, FL 34470
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03312005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0065775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  SHULTZ, RICHARD 4605 NE 14TH PL OCALA, FL 34470
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

11000000288168  
04/04/05-80097-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHULTZ, RICHARD 4605 N.E. 14TH PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHULTZ, DEBORAH D 4605 N.E. 14TH PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANGELOSI, JOSEPH K 4605 N.E. 14TH PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANGELOSI, SHARON K 4605 N.E. 14TH PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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:**  (RICHARD SHULTZ) **3-31-05 (352) 867-1700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #