

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007502

Entity Name: HOMELAND, LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

4605 N.E. 14TH PLACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

4605 N.E. 14TH PLACE
OCALA, FL 34470

New Mailing Address:

FEI Number: 90-0065775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULTZ, RICHARD
4605 NE 14TH PL
OCALA, FL 34470 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: SHULTZ, RICHARD
Address: 4605 N.E. 14TH PLACE
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: SHULTZ, DEBORAH D
Address: 4605 N.E. 14TH PLACE
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: CANGELOSI, JOSEPH
Address: 4605 N.E. 14TH PLACE
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: CANGELOSI, SHARON K
Address: 4605 N.E. 14TH PLACE
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD SHULTZ

MGR

05/07/2008

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