


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L03000012342<br>1. Entity Name<br>HOMEBASE, LLC |  |
|--|---|

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|--|--|
| Principal Place of Business<br>19640 WEST SAINT ANDREWS DRIVE<br>MIAMI, FL 33015 | Mailing Address<br>19640 WEST SAINT ANDREWS DRIVE<br>MIAMI, FL 33015 |
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|   |                                |
|---|--------------------------------|
| 01132006 No Chg-LLC                                       | CR2E083 (11/05)                |
| 4. FEI Number<br>05-0576313                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KING, EDWARD  
 19640 WEST SAINT ANDREWS DRIVE  
 MIAMI, FL 33015

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$50.00  
 Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KING, EDWARD<br>19640 WEST SAINT ANDREWS DRIVE<br>HIALEAH, FL 33015          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRANTLEY-KING, SANDRA<br>19640 WEST SAINT ANDREWS DRIVE<br>HIALEAH, FL 33015 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000177612  
 04/06/06-80058-006 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

*Edward King*  
**SIGNATURE:** Edward King, Managing Member      3/20/2006      954-232-3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #