

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015130

FILED
May 04, 2006
Secretary of State

Entity Name: HOME FORT LAUDERDALE, LLC

Current Principal Place of Business:

1040 BAYVIEW DRIVE
423
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

445 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

1040 BAYVIEW DRIVE
STE 423
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

445 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33301 US

FEI Number: 41-2092730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAXTER, JAMES P MANAGIN
1040 BAYVIEW DRIVE
423
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

BAXTER, JAMES P MANAGIN
445 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33301 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:

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAXTER, JAMES P
Address: 2200 N.E. 33RD AVENUE, SUITE 8J
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAXTER, JAMES P
Address: 445 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JAMES P. BAXTER

MGRM

05/04/2006

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