

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90047 039 ****50.00

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01062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000018074 1. Entity Name HOMEWOOD SOUND & PROJECTION, LLC																							
Principal Place of Business 5713 MANCHESTER DRIVE WEST LAKELAND, FL 33810			Mailing Address 5713 MANCHESTER DRIVE WEST LAKELAND, FL 33810																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country	4. FEI Number 43-2785653 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>																			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent SPiegel & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name DAVID R. RAMOS, CPA Street Address (P.O. Box Number is Not Acceptable) 4215 OLD ROAD 37 City LAKELAND FL Zip Code 33813																				
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 <u><i>Edward Homewood</i></u> DATE <u>1/16/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOMEWOOD, EDWARD R</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>5713 MANCHESTER DRIVE WEST LAKELAND, FL 33810</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	HOMEWOOD, EDWARD R		CITY - ST - ZIP	5713 MANCHESTER DRIVE WEST LAKELAND, FL 33810		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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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.																							
SIGNATURE: <u><i>Edward Homewood</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/16/2006</u> Daytime Phone # <u>863-409-7822</u>																			