


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018344
 1. Entity Name
 HOME START, LLC



Principal Place of Business _____ Mailing Address _____
 2642 S.W. 139TH PLACE 2642 S.W. 139TH PLACE
 MIAMI, FL 33175 MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0704106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCELL, CARLOS R
 2642 S.W. 139TH PLACE
 MIAMI, FL 33175

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCELL, CARLOS R 2642 S.W. 139TH PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNAL, JOANN 2642 S.W. 139TH PLACE MIAMI, FL 33175
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 04/25/05-80111-014 50.00

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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: [Signature] 4-22-2005 (305)710-8749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #