

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000018344

1. Entity Name  
 HOME START, LLC



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

Mailing Address  
 2642 S.W. 139TH PLACE  
 MIAMI, FL 33175



01082006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 02-0704106 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCELL, CARLOS R  
 2642 S.W. 139TH PLACE  
 MIAMI, FL 33175

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

100000417616  
 02/13/06-80059-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
 NAME GARCELL, CARLOS R  
 STREET ADDRESS 2642 S.W. 139TH PLACE  
 CITY-ST-ZIP MIAMI, FL 33175

TITLE MGR  
 NAME BERNAL, JOANN  
 STREET ADDRESS 2642 S.W. 139TH PLACE  
 CITY-ST-ZIP MIAMI, FL 33175

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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 619, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-2006 (305) 710 8749