

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021848

FILED
May 02, 2005
Secretary of State

Entity Name: HOMETOWN MANAGEMENT, L.L.C.

Current Principal Place of Business:

1102 SOUTH US HWY 1
FT. PIERCE, FL 349505108 US

New Principal Place of Business:

Current Mailing Address:

2814 SOUTH US HWY 1
D-11
FT. PIERCE, FL 346498119 US

New Mailing Address:

2814 SOUTH US HWY 1
D-11
FT. PIERCE, FL 34982 US

FEI Number: 20-0145618 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:

BROWN, E. ROLLINS II
3333 20TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

SMITH, VERNON D
1600 S. FEDERAL HIGHWAY
FT. PIERCE, FL 34950 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: LEE MOOTY

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SMITH, BRENDA K
Address: PO BOX 370
City-St-Zip: FT. PIERCE, FL 34954 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: MOOTY, LEE
Address: 2814 SOUTH US HIGHWAY #1
City-St-Zip: FT. PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEE MOOTY

CFO

05/02/2005

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