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Apr 29, 2004 8:00 am
Secretary of State

04-14-2004 90279 027 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028151

1. Entity Name
HOMEVESTING GROUP, LLC

Principal Place of Business	Mailing Address
1304 SW 160TH AVENUE, SUITE 300 WESTON, FL 33326	1304 SW 160TH AVENUE, SUITE 300 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
6065 NW 167 ST	6065 NW 167 ST
Suite, Apt. #, etc. Suite B12	Suite, Apt. #, etc. Suite B12
City & State Miami, FL	City & State Miami, FL
Zip 33015 Country USA	Zip 33015 Country USA

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1892775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRISALES-RACINI, OSCAR 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI, FL 33326	Name: Cesar Logreira Street Address (P.O. Box Number is Not Acceptable): 1304 SW 160 Av. Suite 300 City: Weston FL Zip Code: 33326

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 X _____ March 31/2004
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOGREIRA, CESAR 1304 SW 160TH AVENUE, SUITE 300 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Daniel E. Lacouture 7450 SW 30 Terr Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Alba I. Osorio 7450 SW 30 Terr Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Johanna Bermudez 1304 SW 160 Av. Suite 300 Weston FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X _____ March 31/2004 305.556.9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #