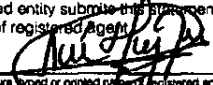
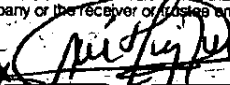


FILED
Apr 29, 2004 8:00 am
Secretary of State

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

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000028151			
1. Entity Name HOMEVESTING GROUP, LLC			
Principal Place of Business 1304 SW 160TH AVENUE, SUITE 300 WESTON, FL 33326		Mailing Address 1304 SW 160TH AVENUE, SUITE 300 WESTON, FL 33326	
2. Principal Place of Business 6065 NW 167 ST Suite, Apt. #, etc. SUITE B12 City & State MIAMI, FL Zip 33015 Country USA		3. Mailing Address 6065 NW 167 ST Suite, Apt. #, etc. SUITE B12 City & State MIAMI, FL Zip 33015 Country USA	
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 GRISALES-RACINI, OSCAR 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI, FL 33326		7. Name and Address of New Registered Agent 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  DATE March 31/2004 (NOTE: Registered Agent signature required when re-registering.)			
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 3450 SW 30 TER MIAMI, FL 33155 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Alba L. Osorio 3450 SW 30 TER MIAMI, FL 33155 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Johanna Beemudez 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
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  DATE March 31/2004 305.556.9393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			