

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033129

FILED
May 31, 2007
Secretary of State

Entity Name: HOMETOWN REALTY.US LOCATED IN CELEBRATION, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE, SUITE 190
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE, SUITE 190
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 03-0528318 **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:

BUONCERVELLO, BECKY
815 SPRING PARK LOOP
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

BUONCERVELLO, BECKY
215 CELEBRATION PLACE SUITE 190
CELEBRATION, FL 34747 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: BECKY BUONCERVELLO

05/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUONCERVELLO, ANGELA
Address: 215 CELEBRATION PLACE, STE 190
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: BAIRD, SCOT
Address: 611 NADINA PLACE
City-St-Zip: CELEBRATION, FL

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BECKY BUONCERVELLO

RA

05/31/2007

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