

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035932

**FILED**  
**Jan 26, 2004**  
**Secretary of State**

**Entity Name:** HOME RESCUE INVESTMENTS, LLC.

**Current Principal Place of Business:**

PO BOX 835312  
MIAMI, FL 33283

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 835312  
MIAMI, FL 33283

**New Mailing Address:**

**FEI Number:** 68-0567800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ESTIME, GILBERT  
168 NE 96 STREET  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MOMPOINT, DIDIER  
Address: 6246 S.W. 136 COURT, UNIT D - 103  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES:**

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

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: DIDIER J. MOMPOINT

MR

01/26/2004

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