


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90149 018 \*\*\*\*50.00

<b>DOCUMENT # L03000041906</b>	
1. Entity Name <b>HOMESTEAD ONE, LLC</b>	

Principal Place of Business <b>291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154</b>	Mailing Address <b>291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154</b>
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2. Principal Place of Business - No P.O. Box # <b>7509 Buccaneer Avenue</b>	3. Mailing Address <b>7509 Buccaneer Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262007 Chg-LLC CR2E083 (12/06)

City & State <b>North Bay Village, FL</b>	City & State <b>North Bay Village, FL</b>
Zip <b>33141</b>	Country <b>USA</b>
Zip <b>33141</b>	Country <b>USA</b>

4. FEI Number <b>20-0362325</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TRESCOTT DRUCKER VASALLO PL 2605 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MSN LP 291 BAL BAY DRIVE #306 CORAL GABLES, FL 33154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MSN LP 7509 Buccaneer Avenue North Bay Village, FL 33141</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Sylvia Newkirk **2/22/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #