


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90079 042 ****50.00

DOCUMENT # L03000051312					
1. Entity Name HOME BUYER SOLUTIONS, L.L.C.					
Principal Place of Business 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286			Mailing Address 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286		
2. Principal Place of Business 2100 Constitution Blvd. Suite, Apt. #, etc. Suite 135		3. Mailing Address Suite, Apt. #, etc.		01052006 Chg-LLC CR2E083 (11/05)	
City & State Sarasota, FL		City & State		4. FEI Number 55-0856492	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GULFSTREAM MANAGEMENT, INC. 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name: William E. Perin Street Address (P.O. Box Number is Not Acceptable): 5096 N. Cranberry Blvd. City: North Port FL Zip Code: 34286	
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: <i>William E. Perin</i> DATE: 1/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERIN, WILLIAM E 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William E. Perin* - William E. Perin - member 2/1/06 (941)927-8108