## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000053302

Entity Name: HOME VENTURES, LLC

FILED Mar 24, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2055 NE 160TH STREET	18090 COLLINS AVE. T17
NORTH MIAMI BEACH, FL 33162	157 SUNNY ISLES BEACH, FL 33160
Current Mailing Address:	New Mailing Address:
18090 COLLINS AVE. #234	18090 COLLINS AVE. 157
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160
FEI Number: 20-0518151 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JACOBO, BENARROCH 2055 NE 160TH STREET NORTH MIAMI BEACH, FL 33162 US	JACOBO, BENARROCH 18090 COLLINS AVE. T17 157 SUNNY ISLES BEACH, FL 33160 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:	03/24/2004
Electronic Signature of Registered Agent	Date

## **MANAGING MEMBERS/MEMBERS:**

## ADDITIONS/CHANGES:

MGR () Delete MGR (X) Change ( ) Addition BENARROCH, JACOBO BENARROCH, JACOBO Name: Name: Address: 2055 NE 160TH STREET Address: 18090 COLLINS AVE. T17 #157 City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: SUNNY ISLES BEACH, FL 33160 Title: () Delete Title: MGR ( ) Change (X) Addition MORENO, SALOMON Name: Name: Address: Address: 18090 COLLINS AVE. T17 #157 City-St-Zip: City-St-Zip: SUNNY ISLES BEACH, FL 33160 Title: () Delete Title: MGR ( ) Change (X) Addition YECUTIELI, SAMUEL E Name: Name: 18090 COLLINS AVE. T17 #157 Address: Address: City-St-Zip: City-St-Zip: SUNNY ISLES BEACH, FL 33160 Title: Title: () Delete MGR ( ) Change (X) Addition MENDEL, ERVÍN A Name: Name: 18090 COLLINS AVE. T17 #234 Address: Address: City-St-Zip: City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: JACOBO BENARROCH MGR 03/24/2004