

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003825

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: HOMEOWNER RESOURCE, LLC

## Current Principal Place of Business:

8297 CHAMPIONS GATE BLVD.  
#325  
CHAMPIONS GATE, FL 33896

## New Principal Place of Business:

## Current Mailing Address:

8297 CHAMPIONS GATE BLVD  
# 325  
CHAMPIONS GATE, FL 33896

## New Mailing Address:

FEI Number: 20-0988038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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: JAMES K. DUERR, CPA

04/27/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BYLLOTT, AUGUST  
Address: 8297 CHAMPIONS GATE BLVD # 325  
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: MGR ( ) Delete  
Name: BYLLOTT, AUDREY  
Address: 8297 CHAMPIONS GATE BLVD # 325  
City-St-Zip: CHAMPIONS GATE, FL 33896

## 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: AUGUST BYLLOTT

MGR

04/27/2008

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