

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013571

Entity Name: HOME-WORKS, LLC

FILED
Aug 06, 2007
Secretary of State

Current Principal Place of Business:

18933 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

18933 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 33-1083769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOTALING, RUTH B
18933 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470 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/MANAGERS:

Title: P () Delete
Name: HOTALING, RUTH B
Address: 18933 48TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: HOTALING, WILLIAM D
Address: 18933 48TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR () Delete
Name: MCKEE, LISA
Address: 18933 48TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

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

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: LISA MCKEE

MGR

08/06/2007

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