2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014409

1. Entity Name

Principal Place of Business

TAMARAC, FL 33319

HOME DYNAMICS SEQUOIA, LLC

4788 WEST COMMERCIAL BOULEVARD



Mailing Address

4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319 FILED Feb 28, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

34-1981641

Applied For Not Applied South

5. Certificate of Status Desired

\$5.00 Addition Fee Required

6. Name and Address of Current Registered Agent

STREIT, THOMAS E 222 LAKEVIEW AVENUE, SUITE 400 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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8.	t. 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, an	10 20
	the obligations of registered agent.	

Signature, typed

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

275 DG

Filing Fee is \$50.00 Due by May 1, 2006 03/10/06-80035-003 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHACK, DAVID 4788 W. COMMERCIAL BLVD TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
HILE NAME STREET ADDRESS GITY-ST-ZIP	
DITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information that 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 limited liability company or the receiver in true a empowered to execute this report as required by Chapter 608, Florida Statutes.

David Schook Managing Member