

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015888

Entity Name: YOUR HOME BASE, LLC

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

3119 TROY AVENUE  
LAKELAND, FL 33803 US

## New Principal Place of Business:

5312 MESSINA  
LAKELAND, FL 33813 US

## Current Mailing Address:

P.O. BOX 2204  
LAKELAND, FL 33806-220 US

## New Mailing Address:

FEI Number: 20-0617532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROTTEAU, TAMMI J  
3119 TROY AVE  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

CROTTEAU, TAMMI J  
5312 MESSINA  
LAKELAND, FL 33813 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:

02/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CROTTEAU, TAMMI J  
Address: 3119 TROY AVENUE  
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR ( ) Delete  
Name: ENGLUND, CHAD B  
Address: 3119 TROY AVENUE  
City-St-Zip: LAKELAND, FL 33803 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CROTTEAU, TAMMI J  
Address: 5312 MESSINA  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR (X) Change ( ) Addition  
Name: ENGLUND, CHAD B  
Address: 5312 MESSINA  
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMMI CROTTEAU

MGR

02/13/2007

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