



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90036 016 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                              |                                                                                                                                                              |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000016490</b><br>1. Entity Name<br><b>HOME AUTOMATION TECHNOLOGIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                              |                                                                                                                                                              |                |  |
| Principal Place of Business<br><b>877 NW 208 DR.<br/>PEMBROKE PINES, FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                              | Mailing Address<br><b>877 NW 208 DR.<br/>PEMBROKE PINES, FL 33029</b>                                                                                        |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9318 Kefay Circle</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | 3. Mailing Address<br><b>9318 Kefay Circle</b><br>Suite, Apt. #, etc.        |                                                                                                                                                              |                                                                                                 |  |
| City & State<br><b>Boca Raton, FL</b><br>Zip<br><b>33428</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | City & State<br><b>Boca Raton, FL</b><br>Zip<br><b>33428</b>                 |                                                                                                                                                              | 4. FEI Number<br><b>20-0808235</b>                                                              |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | Country<br><b>USA</b>                                                        |                                                                                                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>SANCHEZ, CAMILO F<br/>877 NW 208 DR<br/>PEMBROKE PINES, FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                              | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                 |  |
| 8. 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, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                         |                                                                              |                                                                                                                                                              |                                                                                                 |  |
| SIGNATURE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                              |                                                                                                                                                              |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                              | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                 |                                                                                                 |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                 |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>ALVAREZ, RICARDO<br/>877 NW 208 DR.<br/>PEMBROKE PINES, FL 33029</b>        | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>SANCHEZ, CAMILO F<br/>877 NW 208 DR.<br/>PEMBROKE PINES, FL 33029</b>       | <input type="checkbox"/> Delete                                              |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Delete                                              |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>QUASAR POINT GROUP, CORP<br/>9318 Kefay Circle<br/>Boca Raton, FL 33428</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                              |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                              |                                                                                                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                         |                                                                              |                                                                                                                                                              |                                                                                                 |  |
| <b>SIGNATURE:</b>  <b>CAMILLO F. SANCHEZ</b> <b>4/29/08</b> <b>305-450-0431</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                          |                                                                                         |                                                                              |                                                                                                                                                              |                                                                                                 |  |