

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018661

FILED
Apr 06, 2005
Secretary of State

Entity Name: HOMEPAGE HEADQUARTERS, LLC

Current Principal Place of Business:

490 NW DOVER COURT
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

490 NW DOVER COURT
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 84-1642528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAEHMAN, CHRISTOPHER D
490 NW DOVER COURT
PORT SAINT LUCIE, FL 34983 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/MEMBERS:

Title: MGRM () Delete
Name: BAEHMAN, CHRISTOPHER D
Address: 490 NW DOVER COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM () Delete
Name: BAEHMAN, FRANCES M
Address: 490 NW DOVER COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

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 for the exemption stated in Section 119.07(3)(i), 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: FRANCES M. BAEHMAN

MGRM

04/06/2005

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