## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

| DOCUMENT # L04000019985  1. Entity Name HOMEBUILDER SOLUTIONS, LLC  |   |   |                                     |   |   |                          | 04-30-2007 9               | 0066 048                 | ****50                              | .00  |
|---|---|---|-------------------------------------|---|---|--------------------------|----------------------------|--------------------------|-------------------------------------|--|
| Principal Place of Business Mailing Address   |   |   |                                     |   |   |                          |                            |                          |                                     |  |
| 6522 Gunn Hwy<br>Tampa, Fl. 33625   |   |   | 6522 GUNN HWY<br>Tampa, Fl 33625    |   |   |                          |                            |                          |                                     |  |
| TAIVIPA, FL 3   | 33023   |   | 1AMIFA, 11 33023                    |   |   | 6 18811811 RH            | 1811: SIRII REIM SEIN SEIN |                          | 1000 ININ RII                       | <b></b>                                      |
| 2 Principal P   | face of Business  | - No P.O. Box #   | 3. Mailing Address                  | <del></del>   |   |                          |                            |                          |                                     |  |
| 2. Principal Place of Business - No P.O. Box #  |   | - 140 1 . 0 . Box #   | 3. Waning Address                   |   |   |                          |                            | EDIBI   DIB   DII        | <b>      </b>                       | BEI EI IÑEI                                  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.                 |   | 04122007  | Chg-LLC                  | CR2E08:                    | 3 (12/06)                |                                     |  |
| City & State  |   |   | City & State                        |   | 4. FEI Number<br>20-0866  |                          |                            | <del></del>              | plied For<br>t Applicable           |  |
| Zip -   | Zip Country   |   | Zip Country                         |   |   | of Status Desired        | <b>\$</b>                  | 5.00 Add                 |                                     |  |
|   | C N======   | Address of Comment 5  |                                     | L   | <del></del>   |                          |                            | F                        | ee Required                         | 1  |
|   | 6. Name and   | Address of Current R  | legistered Agent                    |   | Name  | /. Name and              | Address of New Ro          | egistered Ag             | jent                                | <del></del> -                                |
|   | ANDREW L  |   |                                     |   | $\bigcirc \alpha$   | rail                     | 11/0+                      |                          |                                     |  |
| 6522 GUN<br>TAMPA, FI   | N HIGHWAY<br>L 33625  | ÷   |                                     | Street Address (P.O. Box N  |   |                          |                            | ,                        |                                     |  |
| 17 (17)   | _ 00020   |   |                                     |   |   |                          | •                          |                          |                                     |  |
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|   |   |   | the purpose of changing its         | register  |   |                          | n, in the State of Flo     | rida. I am fa            | miliar with,                        | and accept                                   |
| the obligati  | ions of registered  | agent.  |                                     |   |   |                          |                            |                          |                                     |  |
| SIGNATURE .   | Signature, typed or prin  | ited name of registered agent ar                              | nd trile if applicable. (NOT        | E: Registere  | d Agent signature req   | quired when reinstating) |                            | DATE                     |                                     |  |
|   |   |   |                                     |   |   |                          |                            |                          |                                     |  |
|   |   |   |                                     |   |   | 1                        | 55-4-                      |                          |                                     |  |
|   | iling Fee is \$<br>ue by May 1,   |   |                                     |   |   |                          |                            | e check pay<br>Departme  |                                     | ,  |
|   |   | 2007  | S (MANAGERS                         | 10  |   |                          | Florida                    | Departme                 |                                     | •  |
|   |   |   | RS/MANAGERS                         | 10.   |   |                          |                            | Department CHANGES       |                                     | Addition                                     |
| 9. IIILE NAME   | MGR<br>SUAREZ, JAC  | MANAGING MEMBER   |                                     | TITLI<br>NAM  | E   |                          | Florida                    | Department CHANGES       | nt of State                         |  |
| 9. TITLE NAME STREET ADDRESS  | MGR<br>SUAREZ, JAC<br>6522 GUNN H   | MANAGING MEMBER  CK D  HIGHWAY                                |                                     | TITLI<br>NAM<br>STRE  | E<br>ET ADDRESS   |                          | Florida                    | Department CHANGES       | nt of State                         |  |
| 9.  IIILE  NAME  STREET ADDRESS  CIFY-SI-ZIP  | MGR<br>SUAREZ, JAC<br>6522 GUNN H<br>TAMPA, FL 3  | MANAGING MEMBER  CK D  HIGHWAY                                | □ Delete                            | TITLI<br>NAM<br>STRE<br>CITY  | E<br>ET ADDRESS<br>-ST-ZIP  |                          | Florida                    | <b>Departmen</b> CHANGES | Change                              | Addition                                     |
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NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE