

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025458

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HOMEOWNERSHIP SOLUTIONS, LLC

**Current Principal Place of Business:**

809 EAST BLOOMINDALE AVE., #302  
BRANDON, FL 335118113

**New Principal Place of Business:**

**Current Mailing Address:**

809 EAST BLOOMINDALE AVE., #302  
BRANDON, FL 335118113

**New Mailing Address:**

**FEI Number:** 20-0958883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVERVIEW, FL 33569 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORTHROP, MARTIN T JR.  
Address: 809 EAST BLOOMINDALE AVE., #302  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORTHROP, MARTIN T JR.  
Address: 809 EAST BLOOMINGDALE AVE., #302  
City-St-Zip: BRANDON, FL 33511

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: MARTIN T NORTHROP JR

MGRM

01/12/2007

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