

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031287

FILED
Jan 17, 2005
Secretary of State

Entity Name: HOME FINANCIAL ENTERPRISES, LLC

Current Principal Place of Business:

12882 SILVER SPRINGS DR S
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

12882 SILVER SPRINGS DR S
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-1034378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REICHENBACH, KARON L
12882 SILVER SPRINGS DR S
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

GIFFORD, KARON L
12882 SILVER SPRINGS DR S
JACKSONVILLE, FL 32246 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: KARON L REICHENBACH GIFFORD

01/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: REICHENBACH, KARON L
Address: 12883 SILVER SPRINGS DR S
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR () Delete
Name: GIFFORD, JAMES N
Address: 12882 SILVER SPRINGS DR S
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIFFORD, KARON L
Address: 12883 SILVER SPRINGS DR S
City-St-Zip: JACKSONVILLE, FL 32246 US

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: KARON L GIFFORD

PRES

01/17/2005

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