

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031658

Entity Name: HOME ENTERPRISES, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

3315 ELLINGTON WAY
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

10841 EARHART DR.
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

3315 ELLINGTON WAY
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

10841 EARHART DR.
NEW PORT RICHEY, FL 34654 US

FEI Number: 27-0098690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTO, RODRIGUEZ MR.
13035 TITLEIST DR.
HUDSON, FL 34669 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: MGR () Delete
Name: CERVONI, IVONNE G MRS.
Address: 3315 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MGR () Delete
Name: CERVONI, JOSE L MR.
Address: 3315 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CERVONI, IVONNE G MRS.
Address: 10841 EARHART DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGR (X) Change () Addition
Name: CERVONI, JOSE L MR.
Address: 10841 EARHART DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby certify that the information supplied with this filing does not qualify 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: IVONNE G. CERVONI

MGR

01/11/2008

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