

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042086

FILED
Jul 29, 2007
Secretary of State

Entity Name: TAMPA HOME OPTIONS, LLC

Current Principal Place of Business:

2101 CHESTNUT FOREST DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2101 CHESTNUT FOREST DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 51-0531926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VILJOEN, GARY M
2101 CHESTNUT FOREST DRIVE
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: D () Delete
Name: VILJOEN, GARY M
Address: 2101 CHESTNUT FOREST DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO () Delete
Name: VILJOEN, JENNIFER M
Address: 2101 CHESTNUT FOREST DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: VILJOEN, GARY M
Address: 2101 CHESTNUT FOREST DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER VILJOEN

DCEO

07/29/2007

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