2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000042619 1. Entity Name
HOMES DIRECT REALTY GROUP, LLC

FILED Feb 02, 2007 8:00 am Secretary of State 02-02-2007 90034 014 ****50.00

				en:					
Principal Place of Business			Mailing Address	•		21	00037	763	
10920 PINES BLVD. PEMBROKE PINES, FL 33026		10920 PINES BLVD. PEMBROKE PINES, FL 33026		1 18811811 814					
2. Principal P	lace of Business - No	P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007	Chg-LLC	CR2E08	33 (12/06)		
City & State	City & State		City & State		4. FEI Numbe 20-130		Applied For Not Applicable		
Zíp 	Countr	У	Zip	Country		of Status Desired		5.00 Add ee Require	
6. Name and Address of Current R			Registered Agent		7. Name and	Address of New R	egistered A	gent	
				Name					
ATHENS, MICHELE 10920 PINES BLVD. PEMBROKE PINES, FL 33026				Street Addre	ess (P.O. Box Numbe	er is Not Acceptable	9)		
LINDIO	(C 1 11420, 1 E 33	020						7:- 0-4	
				City			FL	Zip Code	е
	named entity submits ions of registered age		the purpose of changing its	s registered office or reg	istered agent, or bot	th, in the State of Flo	orida. I am la	amiliar with.	and accept
SIGNATURE .	Signature, typed or printed na	me of registered agent a	nd title if applicable (NO	E. Registered Agent signature re	quired when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007							e check pa a Departme	-	e
9.	MA	NAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	CHANGES		
TITLE								Change	Addition
HILE	MGRM	ATHENS, MICHELLE		TITLE					
NAME	,	LLE	☐ Delete	TITLE NAME					_
	,		☐ Delete						_
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #