

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049517

FILED
May 05, 2005
Secretary of State

Entity Name: HOMEWARD BOUND UNLIMITED SERVICES, LLC

Current Principal Place of Business:

3180 SW 42ND WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3180 SW 42ND WAY
GAINESVILLE, FL 32608

New Mailing Address:

1706 SW 77TH TERRACE
GAINESVILLE, FL 32607

FEI Number: 02-0638022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TRIMBLE, TINA
3180 SW 42ND WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

TRIMBLE, TINA
1706 SW 77TH TERRACE
GAINESVILLE, FL 32607 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: _____

05/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TRIMBLE, TINA
Address: 3180 SW 42ND WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR () Delete
Name: EIKMEIER, DAWN
Address: 3180 SW 42ND WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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

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: TINA TRIMBLE

MAN

05/05/2005

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