


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90038 036 \*\*\*\*55.00

<b>DOCUMENT # L04000049902</b>						
1. Entity Name HOME DYNAMICS MURANO, LLC						
Principal Place of Business 4788 WEST COMMERCIAL BLVD. TAMARAC, FL 33319			Mailing Address 4788 WEST COMMERCIAL BLVD. TAMARAC, FL 33319			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number <b>01-0814076</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
STREIT, THOMAS E 222 LAKEVIEW AVENUE, SUITE 400 WEST PALM BEACH, FL 33401			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$30.00 Due by May 1, 2005			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MSMR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID SCHACK			NAME		
STREET ADDRESS	4788 W. COMMERCIAL BLVD			STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____				1/10/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>		
				954-474-4900 x15		
				<small>Daytime Phone #</small>		