

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050196

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA HOME INVESTMENTS LLC

**Current Principal Place of Business:**

15751 SHERIDAN ST  
#430  
FORT LAUDERDALE, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

15751 SHERIDAN ST.  
#430  
FORT LAUDERDALE, FL 33331 US

**New Mailing Address:**

**FEI Number:** 84-1660288      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VEGA, ALEX R  
16438 NW 23 ST  
PEMBROKE PINES, FL 33028 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: P ( ) Delete  
Name: VEGA, ALEX R  
Address: 16438 NW 23 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC (X) Delete  
Name: GONZALEZ, MYRIAM  
Address: 16438 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VEGA, ALEX R  
Address: 16438 NW 23 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

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:** ALEX R. VEGA

MGR

02/19/2008

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