2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# L04000050777

Entity Name: HOME SWEET HOMES, L.L.C.

Current Principal Place of Business:

1601 TAWNBERRY COURT
TRINITY, FL 34655

New Principal Place of Business:

1601 TAWNYBERRY COURT
TRINITY, FL 34655

Current Mailing Address:

1601 TAWNBERRY COURT
TRINITY, FL 34655

New Mailing Address:

1601 TAWNYBERRY COURT
TRINITY, FL 34655

FEI Number: 20-1285070 **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:

ADELMAN, SHAY S
1601 TAWNBERRY COURT
TRINITY, FL 34655 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: MGR ( ) Delete
Name: ADELMAN, SHAY S
Address: 1601 TAWNBERRY COURT
City-St-Zip: TRINITY, FL 34655

Title: MGR ( ) Delete
Name: RICKRODE, STEVE
Address: P.O. BOX 5024
City-St-Zip: CLEARWATER, FL 337585024

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADELMAN, SHAY S
Address: 1601 TAWNYBERRY COURT
City-St-Zip: TRINITY, FL 34655

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: SHAY ADELMAN MR 09/07/2005

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