2

FILED
Mar 07, 2005 8:00 am
Secretary of State

02-07-2005 90277 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052938

1. Entity Name
HOMESEARCH FLORIDA, LLC

Principal Place of Business
989 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

Mailing Address
989 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

30001024

01282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		103 West Marion Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Punta Gorda, FL	
Zip	Country	Zip 33950	Country

4. FEI Number 20-2432771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, ROBERT C
C/O MCKINLEY, ITTERSAGEN, ET AL
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name MARILYN DOWN
Street Address (P.O. Box Number is Not Acceptable) 103 WEST MARION AVENUE
PUNTA GORDA
City FL Zip Code 33950

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DOWN, MARILYN THE GREENWAY, DONNINGTON VILLAGE NEWBURY, BERKSHIRE, ENGLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #