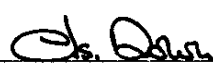


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90045 025 ****50.00

DOCUMENT # L04000052938			
1. Entity Name HOMESEARCH FLORIDA, LLC			
Principal Place of Business 999 TAMiami TRAIL PORT CHARLOTTE, FL 33953		Mailing Address 103 WEST MARION AVENUE PUNTA GORDA, FL 33950	
2. Principal Place of Business 1910 EL JOBEAN RD		3. Mailing Address	
Suite, Apt. #, etc. UNIT 5		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE, FL		City & State	
Zip 33948	Country USA	Zip	Country
4. FEI Number 20-2432771		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent DOWN, MARILYN 103 WEST MARION AVENUE PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent Signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2006		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 exemptions contained in Chapter 119, 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 609, Florida Statutes.			
SIGNATURE: 		27 APR 06 (941) 627 5960	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	