


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90084 001 ****50.00

DOCUMENT # L04000053688 1. Entity Name HOMES OF AMERICA MANAGEMENT, LLC	
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DO NOT WRITE IN THIS SPACE

20046913

2. Principal Place of Business 14758 E. ORANGE BLVD. Suite, Apt. #, etc.	3. Mailing Address 1918 E. HILLCREST STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KISSIMMEE, FL	City & State ORLANDO, FL	4. FEI Number 51-0524973	Applied For <input type="checkbox"/> Not Applicable
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Zip 34747	Country US	Zip 32803	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name PATRICK M. BURNS, CPA	
	Street Address (P.O. Box Number is Not Acceptable) 1918 E. HILLCREST STREET	
	City ORLANDO	FL Zip Code 32803

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - THORNE, HOWARD 14758 E. ORANGE BLVD. KISSIMMEE, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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

Patrick M. Burns, CPA, PA

ATTACHMENT

Accountants, Consultants, and Tax Professionals

20046913
L040000 53688

May 24, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Homes of America Management, LLC
FEIN 51-0524973

Dear Sir or Madam:

Please take notice that I represent the above referenced taxpayer in all federal, state and local tax matters. Enclosed please find Homes of America Management, LLC 2006 Limited Liability Company Uniform Business Report and my client's check in the amount of \$50.00. Due to the Registered Agent's address change the Annual Report Notice was not received in time to file by the May 1, 2006 deadline, therefore I am requesting abatement of any additional charges. Please process at your earliest convenience.

If you have any questions, please feel free to contact me directly at 407-228-4443. Thank you for your consideration with this matter!

Sincerely,



Patrick M. Burns, CPA