
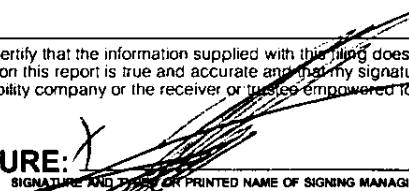


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90075 020 ****50.00

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|--|---|--|---|--|--|
| DOCUMENT # L04000053688 | | | |  | |
| 1. Entity Name HOMES OF AMERICA MANAGEMENT, LLC | | | | | |
| Principal Place of Business 14758 E. ORANGE BLVD. KISSIMMEE, FL 34747 US | | | Mailing Address 1516 E. HILLCREST ST. SUITE 307 ORLANDO, FL 32803 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 7087 Grand National Dr. | | 902- | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 100 | | 08062007 Chg-LLC CR2E083 (12/06) | |
| City & State | | City & State Orlando FL | | 4. FEI Number 51-0524973 | |
| Zip | | Zip 32819 | | Country USA | |
| 6. Name and Address of Current Registered Agent BURNS, PATRICK M 1516 E. HILLCREST ST. SUITE 307 ORLANDO, FL 32803 | | | | 7. Name and Address of New Registered Agent Name JAMES R. LAVIGNE Street Address (P.O. Box Number is Not Acceptable) LAVIGNE, Cotton & Associates, P.A. 7087 Grand National Dr. Ste 100 City Orlando FL Zip Code 32819 | |
| 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 | | James R. Lavigne | | DATE 08-08-2007 | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THORNE, HOWARD 14758 E. ORANGE BLVD KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THORNE, JANETTE 14758 E. ORANGE BLVD. KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Kylie A. Thorne 14758 E. ORANGE Blvd. Kissimmee, FL 34747 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | HOWARD THORNE, MANAGER MEMBER | | DATE 08-08-2007 407-719-9501 | |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |