

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053688

FILED
Apr 08, 2008
Secretary of State

Entity Name: HOMES OF AMERICA MANAGEMENT, LLC

Current Principal Place of Business:

14758 E. ORANGE BLVD.
KISSIMMEE, FL 34747 US

New Principal Place of Business:

9734 W HWY 192
CLERMONT, FL 34711 US

Current Mailing Address:

7087 GRAND NATIONAL DR STE 100
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 51-0524973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIGNE, JAMES R
LAVIGNE, COTON, & ASSOCIATES P.A.
7087 GRAND NATIONAL DR STE 100
ORLANDO, FL 32819 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: MGRM () Delete
Name: THORNE, HOWARD
Address: 14758 E. ORANGE BLVD
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGRM () Delete
Name: THORNE, JANETTE
Address: 14758 E. ORANGE BLVD.
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGR () Delete
Name: THORNE, KYLIE A
Address: 14758 E ORANGE BLVD
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THORNE, HOWARD
Address: 9734 W HWY 192
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM (X) Change () Addition
Name: THORNE, JANETTE
Address: 9734 W HWY 192
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR (X) Change () Addition
Name: THORNE, KYLIE A
Address: 9734 W HWY 192
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HOWARD THORNE

MR

04/08/2008

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