

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053688

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** HOMES OF AMERICA MANAGEMENT, LLC

**Current Principal Place of Business:**

9734 W HWY 192  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**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  
Name: THORNE, HOWARD  
Address: 9734 W HWY 192  
City-St-Zip: CLERMONT, FL 34714 US

Title: MGRM  
Name: THORNE, JANETTE  
Address: 9734 W HWY 192  
City-St-Zip: CLERMONT, FL 34714 US

Title: MGR  
Name: THORNE, KYLIE A  
Address: 9734 W HWY 192  
City-St-Zip: CLERMONT, FL 34714

I hereby 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

MGRM

04/30/2011

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