


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90039 004 \*\*\*\*50.00

<b>DOCUMENT # L04000058506</b> 1. Entity Name <b>HOMESTEAD VENTURES, LLC</b>					
Principal Place of Business <b>532 3rd St. N., #1</b> <b>ST. PETERSBURG, FL 33701</b>			Mailing Address <b>532 3rd St. N., #1</b> <b>ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>532 3rd St. North</b> Suite, Apt. #, etc. <b>#1</b>		3. Mailing Address <b>532 3rd St. North</b> Suite, Apt. #, etc. <b>#1</b>			
City & State <b>St Petersburg FL</b> Zip <b>33701</b>		City & State <b>St Petersburg, FL 337</b> Zip <b>33701</b>		4. FEI Number <b>20-1465972</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>LEE, LAWRENCE</b> <b>532 3rd St. N., #1</b> <b>ST. PETERSBURG, FL 337</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>				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 reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>LEE, LAWRENCE</b> <b>532 3rd St. N., #1</b> <b>ST. PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>SALINARD, LISA</b> <b>110 28th Ave N.</b> <b>ST. PETERSBURG, FL 33704</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>BLAUW, WILLEM</b> <b>532 3RD. ST. N., #1</b> <b>ST. PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____				<b>4/25/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	