## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000060435

Entity Name: HOME-AID, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

HAUG, ERIC S

328 ANTON DRIVE

TALLAHASSEE, FL 32312

() Delete

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 328 ANTON DRIVE TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 181014 TALLAHASSEE, FL 32318 FEI Number: 41-2147712 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAUG, ERIC S 328 ANTON DRIVE TALLAHASSEE, FL 32312 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GARCIA, EDWARD J Name: Name: Address: 7009 FOXGLOVE LANE Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: GRULICH, DAVID W Name: GRULICH, DAVID W Address: 2403 HIDEAWAY COURT Address: 3457 EXMOUTH LANE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ERIC HAUG MGRM 04/28/2006