2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L04000063337

Entity Name: HOME DESIGN FLORIDA, LLC

Current Principal Place of Business:

8150 NIGHTWALKER RD
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

8150 NIGHTWALKER RD
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEDGNER, GARY A
8150 NIGHTWALKER RD
WEEKI WACHEE, FL 34613 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: WEDGNER, GARY A
Address: 8467 BEACHWOOD CT
City-St-Zip: SPRING HILL, FL 34606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEDGNER, GARY A
Address: 8150 NIGHTWALKER RD
City-St-Zip: WEEKI WACHEE, FL 34613 US

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: GARY A. WEDGNER MR 04/13/2009

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