

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072422

Entity Name: HOMER LAND TRUST, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

6111 U.S. 41 SOUTH
SUN CITY, FL 33586

New Principal Place of Business:

7332 DELAINEY CT.
SARASOTA, FL 34240

Current Mailing Address:

P.O. BOX 7009
SUN CITY, FL 33586

New Mailing Address:

1912 54TH ST. E.
BRADENTON, FL 34208

FEI Number: 20-4305664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, ARLIS D
6111 U.S. 41 SOUTH
SUN CITY, FL 33586 US

Name and Address of New Registered Agent:

ATKINSON, ARLIS D
1912 54TH ST. E.
BRADENTON, FL 34208 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:

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINSON, ARLIS D
Address: 6111 U.S. 41 SOUTH
City-St-Zip: SUN CITY, FL 33586

Title: MGRM () Delete
Name: ATKINSON, MARK A
Address: 6111 U.S. 41 SOUTH
City-St-Zip: SUN CITY, FL 33586

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINSON, ARLIS D
Address: 1912 54TH ST. E.
City-St-Zip: BRADENTON, FL 34208

Title: MGRM (X) Change () Addition
Name: ATKINSON, MARK A
Address: 1912 54TH ST. E.
City-St-Zip: BRADENTON, FL 34208

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.

SIGNATURE: ARLIS D. ATKINSON

MGMR

04/11/2006

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