UNIFORM BUSINESS REPORT (UBR) LO 4000 75760 DOCUMENT # L 04000075760 07 MAY -2 AM 8:59 HomeBuilders, LLC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3000 5 W 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Aug FL 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. Cignature, typed or prir DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. TITLE TITLE - 600101968756 05/09/07--01043--015 **5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS MGR CITY-ST-ZIP CITY-ST-ZIP -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 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 his report as required by Chapter 608, Florida Statutes. SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGIN