


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | | | |
|--|---|---------|--|---|--|--|--|
| DOCUMENT # L04000084988 1. Entity Name HOMEOWNERS RECOVERY, LLC | | | |  | | <div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">06 MAY -5 PM 3:53</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 221 E HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202 | | | | Mailing Address 221 E HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BRIAN K. MCMAHON, P.A. 7301-A W. PALMETTO PARK ROAD, STE 305-C BOCA RATON, FL 33433 | | | | 7. Name and Address of New Registered Agent Name <u>Glenn Mee</u> Street Address (P.O. Box Number is Not Acceptable) <u>2125 Blue Heron Cove DR.</u> <u>Orange Park</u> City <u>FL</u> Zip Code <u>32003</u> | | | |
| 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 <u>Ben Mee, Glenn Mee</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>4-21-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRIEDMAN, ABRAHAM <input type="checkbox"/> Delete 221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 18px; font-weight: bold;">700076203167</div> <div style="font-size: 14px;">06/14/06--01036--007 **550.00</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | | | | | |
| SIGNATURE: <u>Abraham Friedman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE <u>4-21-06</u> <small>Daytime Phone #</small> | | | |