

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000084991</b> 1. Entity Name <b>HOMEOWNERS ALLIANCE, LLC</b>						<b>FILED</b> 06 MAY -5 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202</b>				Mailing Address <b>221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202</b>			
2. Principal Place of Business		3. Mailing Address		04202006 Chg-LLC CR2E083 (11/05)		4. FEI Number <b>NOT APPLICABLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent  <b>BRIAN K. MCMAHON P.A. 7301-A W. PALMETTO PARK ROAD, STE 305-C BOCA RATON, FL 33433</b>			
7. Name and Address of New Registered Agent Name <b>Glenn Mee</b> Street Address (P.O. Box Number is Not Acceptable) <b>2125 Blue Heron Cove Dr.</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>				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 <b>Glenn Mee</b> <b>Glenn Mee</b> <b>4-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FRIEDMAN, ABRAHAM 221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>E00076203176 06/14/06--01036--007 **550.00</b>		
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		
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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.							
<b>SIGNATURE: Abraham Friedman</b> <b>4-21-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small> <b>4-21-06</b> <small>Daytime Phone #</small>			