



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90114 036 ****50.00

DOCUMENT # L04000086830 1. Entity Name BYNUM HOME SERVICES, LLC					
Principal Place of Business 1428 GOLF COURSE PKWY DAVENPORT, FL 33837			Mailing Address 1428 GOLF COURSE PKWY DAVENPORT, FL 33837		
2. Principal Place of Business - No P.O. Box # 2204 Edmonton St.		3. Mailing Address 2204 Edmonton St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Haven, FL		City & State Winter Haven, FL			
Zip 33881		Country USA		03222007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1975953		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BYNUM, HUGH E 1428 GOLF COURSE PKWY DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name Bynum, Hugh E Street Address (P.O. Box Number is Not Acceptable) 2204 Edmonton St. City Winter Haven FL Zip Code 33881		
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>Hugh E Bynum</u> <u>Hugh E Bynum</u> <u>April 1, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BYNUM, HUGH E 2204 Edmonton St 1428 GOLF COURSE PARKWAY DAVENPORT, FL 33837 Winter Haven, FL 33881		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	
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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>Hugh E Bynum</u> <u>Hugh E Bynum / MGR</u> <u>April 20, 2007</u> <u>836-969-3787</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					