2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000094287

1. Entity Name HOME BUYERS "R" US. LLC



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

8842 ELLIOTT'S COURT ORLANDO, FL 32836

Mailing Address

8842 ELLIOTT'S COURT ORLANDO, FL 32836



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02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2977177

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309

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8. The	above named entity submits this statement for the purpose of chaobligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNA	TURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algnature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
	1105		

TITLE MAME KAPLUS, ROBERT STREET ADDRESS 8842 ELLIOTT'S COURT CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000725037 05/03/07-80006-006 50.00

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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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-07

Daytime Phone #