2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001715

1. Entity Name
KISSIMMEE HOME REAL ESTATE LLC

Principal Place of Business	Mailing Address
451 SOUTHEAST NOME DRIVE	451 SOUTHEAST NOME DRIVE
PORT SAINT LUCIE, FL 34984	PORT SAINT LUCIE, FL 34984

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02132006   Chg-LLC   CR2E083 (11/05)

4. FEI Number **58-0888895**   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.	Name *Maria TORO*
1840 SW 22ND ST.	Street Address (P.O. Box Number is Not Acceptable)
4TH FLOOR	*451 SE Nome Drive*
MIAMI, FL 33145	City *Port st lucie* FL Zip Code *34984*

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 *Maria Toro*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TORO, JOHN		NAME		
STREET ADDRESS 451 SOUTHEAST NOME DRIVE		STREET ADDRESS		
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TORO, MARIA		NAME		
STREET ADDRESS 451 SOUTHEAST NOME DRIVE		STREET ADDRESS		
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TORO, JOHAN		NAME		
STREET ADDRESS 451 SOUTHEAST NOME DRIVE		STREET ADDRESS		
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TORO, FERNANDO		NAME		
STREET ADDRESS 451 SOUTHEAST NOME DRIVE		STREET ADDRESS		
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TORO, ANGEL		NAME		
STREET ADDRESS 451 SOUTHEAST NOME DRIVE		STREET ADDRESS		
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
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 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: *Maria Toro* maria Toro   2/16/06   772-336-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #