


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90023 031 \*\*\*\*50.00

<b>DOCUMENT # L05000001715</b>	
1. Entity Name <b>KISSIMMEE HOME REAL ESTATE LLC</b>	

Principal Place of Business <b>451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984</b>	Mailing Address <b>451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984</b>
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2. Principal Place of Business - No P.O. Box # <b>451 SE NOME Drive</b>	3. Mailing Address <b>451 SE NOME Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port. St. Lucie, FL</b>	City & State <b>Port. St. Lucie FL</b>
Zip <b>34984</b>	Zip <b>34984</b>
Country <b>US</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>TORO, MARIA 451 SE NOME DRIVE PORT SAINT LUCIE, FL 34984</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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* DATE 4/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORO, JOHN 451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984 <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	MGR TORO, MARIA 451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984 <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	S TORO, JOHAN 451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984 <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	S TORO, FERNANDO 451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984 <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	T TORO, ANGEL 451 SOUTHEAST NOME DRIVE PORT SAINT LUCIE, FL 34984 <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.

<b>SIGNATURE:</b> <u><i>Maria Toro</i></u> <u>4/2/07</u> <u>772-336-9102</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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