

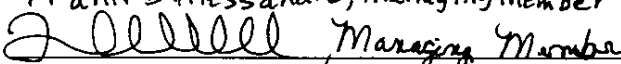


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 006 ****50.00

DOCUMENT # L05000010074					
1. Entity Name HOMESTEAD ROAD, LLC					
Principal Place of Business 7800 UNIVERSITY POINTE DRIVE SUITE 100 FORT MYERS, FL 33907			Mailing Address 7800 UNIVERSITY POINTE DRIVE SUITE 100 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # 14220 Royal Harbour Ct Suite, Apt. #, etc. 510		3. Mailing Address 14220 Royal Harbour Ct Suite, Apt. #, etc. 510			
City & State Fort Myers Florida		City & State Fort Myers Florida		4. FEI Number 20-2250305	
Zip 33908		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUGHTON, TERRY V ESQUIRE 1705 B2 COLONIAL BOULEVARD FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1415 Hendry St City Fort Myers FL Zip Code 33901	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM BLAIS, JOHN F JR. 1661 WORCESTER ROAD SUITE 303 FRAMINGHAM, MA 01701 <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	MGRM D'ALESSANDRO, FRANK 7800 UNIVERSITY POINTE DRIVE SUITE 100 FORT MYERS, FL 33907 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK D'ALESSANDRO 14220 Royal Harbour Ct Fort Myers, FL 33908 <input checked="" 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
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.					
Frank D'Alessandro, Managing Member SIGNATURE:  Managing Member					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 2/28/07 Daytime Phone # 239-425-8469	