

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012898

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** HOMESOUTH/ROLLINGS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

500 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

500 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250 US

**Current Mailing Address:**

500 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

500 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 20-2579519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROLLINGS, LAWRENCE D  
500 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FARHAT, OMAR  
**Address:** 4828 BLANDING BLVD., STE 1  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**Title:** MGRM  
**Name:** ROLLINGS, LAWRENCE D  
**Address:** 500 OSCEOLA AVE.  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANNE F. ROLLINGS

OM

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date