

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013394

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOMESTEAD INVESTMENTS, LLC

Current Principal Place of Business:

3196 104TH STREET
WELLBORN, FL 32094

New Principal Place of Business:

190 NW 21 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

P.O. BOX 836
WELLBORN, FL 32094

New Mailing Address:

190 NW 21 ST
HOMESTEAD, FL 33030

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD, FL 33030 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: MGR () Delete
Name: WILLIAMS, TIMOTHY W
Address: 3196 104TH STREET
City-St-Zip: WELLBORN, FL 32094

Title: MGRM () Delete
Name: LOSNER, STEVEN D
Address: 72 NW 20 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: LOSNER, JEFFREY D
Address: 17999 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LOSNER, STEVEN D
Address: 190 NW 21 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVEN D LOSNER MGR 04/29/2009

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