2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2006 JUL 13 PM 1:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L05000013852

1. Entity Name
REAL HOMESTEAD LLC

Principal Place of Business	Mailing Address
860 OAK PARK ROAD SOPCHOPPY, FL 32358	860 OAK PARK ROAD SOPCHOPPY, FL 32358

07122006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 38-3715885 ☐ 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
SIMMONS, SAMUEL W 860 OAK PARK ROAD SOPCHOPPY, FL 32358	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

Amended AR is $50.00 — **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHADWELL, ARCHIE 541 OTTER CREEK RD SOPCHOPPY, FL 32358	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Samuel W. Simmons 860 Oak Park Rd Sopchoppy, FL 32358 MGRM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHADWELL, ERIC S 121 OTTER CREEK RD SOPCHOPPY, FL 32358	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Jimmy Talley, JR Box 45 Otter Creek Rd MGRM Sopchoppy, FL 32358
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400077535814 07/14/06--01051--020 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Samuel William Simmons 7/13/06 850/962-9411
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

07/12/2006 14:09 850-245-6030 REGISTRATION SECTION PAGE 01/01