## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014791

Entity Name: HOMESICKNESS, LLC

FILED May 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** DIAGONAL A LA IGLESIA DE LOURDES OFICENTRO TECNOLOGICO SAN PEDRO, SJ 2050 **New Mailing Address: Current Mailing Address:** 7979 NW 21ST STREET SJO-71501 DORAL, FL 33122 US FEI Number: 98-0447427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONGOSTO, MANUEL G 7979 NW 21ST STREET SJO-71501 DORAL, FL 33122 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CONGOSTO, MANUEL G Name: Name: Address: DIAGONAL A LA IGLESIA DE LOURDES

City-St-Zip: Title:

( ) Delete

LA CARRETICA COSTARR, ICENSE DEL CAR I BE, S.A

SAN JOSE, SJ 2050 CR

Name: Address: DIAGONAL A LA IGLESIA DE LOURDES City-St-Zip:

SAN JOSE, SJ 2050 CR

Address: City-St-Zip:

Title: Name:

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

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: MANUEL CONGOSTO **MGRM** 05/30/2008