

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025632

Entity Name: USA HOMEHELPERS, LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218

New Principal Place of Business:

Current Mailing Address:

11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218

New Mailing Address:

FEI Number: 20-2623372 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:

CHRISTOPHER, TORRI J
11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218 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 () Delete
Name: CGM CAPITAL INVESTME, NTS, LLC
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

Title: MGRM () Delete
Name: MCFARLAND, CHRISTOPHER G
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

Title: MGRM (X) Delete
Name: CHRISTOPHER, VERA J
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CHRISTOPHER, TORRI J
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TORRI J CHRISTOPHER

MGRM

05/02/2006

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