FILED
May 11, 2006 8:00 am
Secretary of State
04-24-2006 90052 044 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029962

1. Entity Name
HOME & FAMILY RESOURCES LLC

Principal Place of Business	Mailing Address
8051 NORTH TAMIAMI TRAIL BOX 3 SARASOTA, FL 34243	8051 NORTH TAMIAMI TRAIL BOX 3 SARASOTA, FL 34243

vm/vu

01042006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 83-0421926 ☐ 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
GUTFREUND, MARTIN J 1004 CIMARRON CIRCLE BRADENTON, FL 34209 Correct. MJG	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 Martin J Gutfreund Martin J Gutfreund 4-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner-President Martin J. Gutfreund 8051 North Tamiami Trail Box 3 Sarasota, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None MJG ☐ 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
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MJG

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: Martin J Gutfreund 4-20-06 941-773-3243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #