2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029962

8051 N TAMIAMI TRL

SARASOTA, FL 34243

Name: Address:

City-St-Zip:

Entity Name: HOME & FAMILY RESOURCES LLC

FILED Feb 15, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|----------------------------|------------------------------------|---|--|
| 8051 NORTH TAMIA BOX 3 | MI TRAIL | | | |
| SARASOTA, FL 342 | 43 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 8051 NORTH TAMIA BOX 3 | MI TRAIL | | | |
| SARASOTA, FL 342 | 43 | | | |
| FEI Number: 83-0421926 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| GUTFREUND, MAR 1004 CIMARRON CII BRADENTON, FL 3 | RCLE | | | |
| The above named en in the State of Florida | | purpose of changing its registered | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Age | | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |
| Title: P Name: GUFFREU | ()Delete RD, MARTIN J | Title: Name: | () Change () Addition | |

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: MARTIN J. GUTFREUND PRES 02/15/2008