2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State 04-06-2006 90295 024 ****50.00

DOCUMENT # L05000040582 1. Entity Name HOMETOWN AGENTS, LLC							0,00200	~-r5'	30.00
Principal Place of Business 1785 W. MAIN STREET INVERNESS, FL 34450			Mailing Address 1785 W. MAIN STREET INVERNESS, FL 34450				30005552		
2. Principal P	tace of Busin	vess	3. Mailing Address	3. Mailing Address					
2008 Highway 41W Suite, Aot. #, etc.			2008 Highw Suite, Apt. #, etc.	2008 Highway 41W Suite, Apt. M, etc.					B Wares in rec
				Co. I Sura			Chg-LLC	CR2E083 (11/0	<u> </u>
City & State Inverness, FL			City & State Inverness	•			3318452	}-	Applied For Not Applicable
Zip			Zip	Zip Count		5. Certificate	e of Status Desired		Additional
34453	34453 Citrus		34453	Citrus				Fee Requ	ired
	6. Name	and Address of Current	Registered Agent		Name	7. Name en	d Address of New Re	gistered Agent	
STONE, M 1785 W. M INVERNES	IARK I AIN STRE SS, FL 34	EET 2008 Hw 1458	444 W	Street Addre		ess (P.O. Box Numb	per is Not Acceptable)		
İ					City			FL ZpC	ebo
8. The above	named entity	y submits this statement for	or the purpose of changing its	register	ed office or regi	istered agent, or b	oth, in the State of Flor	ida. I am lamiliar wi	th, and accept
the obligations of registered agent.									
SIGNATURE (NOTE: Registered Agent agent and talle if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE									
Fi Di	iling Fee i ue by May	is \$50.00 y 1, 2006						check payable to Department of St	
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/0	CHANGES	
TITLE	MGRM		☐ Delete	tıtı	- i			Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZP	•	Mark Main Street 266 7 Ess, Fl 3445 8,3	R H=1 dd 10	Hawy 44 W STREE					!
ITTLE	MGRM		☐ Datiette				·	Chang	e 🔲 Addition
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STREET ADDRESS CITY-ST-ZIP	ļ				EET ADDRESS (-ST-ZIP				
11. I hereby certity that the information supplied with this filling doe frou quality for the exemptions contained in Chapter 119, Rorida Statutes. I further certity that the information indicated on this report is true and accurate and that my signal to shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or rustife empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING ROMAGNO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date:									