

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058941

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: HOME SAVER SERVICES, LLC

**Current Principal Place of Business:**

105 S PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

303B ANASTASIA BLVD  
SUITE 162  
SAINT AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 20-2804720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIDINGS, BRUCE  
303-B ANASTASIA BLVD  
SUITE 127  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

STRAITRAY CORPORATION  
124 CALLE DE LEON  
SAINT AUGUSTINE, FL 32086 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: GWEN LARRETT

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: RIDINGS, BRUCE  
Address: 303-B ANASTASIA BLVD STE 127  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM ( ) Delete  
Name: KALLER, JEFFREY  
Address: 303-B ANASTASIA BLVD STE 151  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: KALLER, SOFIA  
Address: 303-B ANASTASIA BLVD STE 151  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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: JEFFREY KALLER

MGRM

04/25/2007

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