2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071914

1. Entity Name
HOME EQUITY ALLIANCE, LLC

Z0049790

07162006   Chg-LLC   CR2E083 (11/05)

Principal Place of Business	Mailing Address
614 E. HWY 50 #253 CLERMONT, FL 34711 US	614 E. HWY 50 #253 CLERMONT, FL 34711 US

2. Principal Place of Business	3. Mailing Address
4490 Marsh Harbor Dr.	614 E. Hwy 50
Suite, Apt. #, etc.	Suite, Apt. #, etc. 253
City & State Tavares	City & State Clermont, FL.
Zip 32778 Country U.S.A	Zip 34711 Country USA

4. FEI Number 59 381 7711
☐ 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
PALMER, GERARD E 545 TIMBER RUN LANE GROVELAND, FL 34736	Name Gerard E. Palmer
	Street Address (P.O. Box Number is Not Acceptable) 4490 Marsh Harbor Dr.
	City Tavares FL Zip Code 32778

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 _____   DATE 7/17/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PALMER, GERARD E		NAME		
STREET ADDRESS	614 E. HWY 50 #253		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   7/17/06   407-301-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #