


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 013 ****50.00

DOCUMENT # L05000080672

1. Entity Name
HOMESTEAD AVENUES, LLC



Principal Place of Business 110 28TH AVE. N. ST. PETERSBURG, FL 33704	Mailing Address 110 28TH AVE. N. ST. PETERSBURG, FL 33704
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2. Principal Place of Business 2026 5TH AVENUE N	3. Mailing Address 2026 5TH AVENUE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
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Zip 33713	Country USA	Zip 33713	Country USA
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07172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0801303	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, LAWRENCE A
110 28TH AVE. N.
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name
LEE, LAWRENCE A.

Street Address (P.O. Box Number is Not Acceptable)

2026 5TH AVENUE N

City **ST. PETERSBURG** FL Zip Code **33713**

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 _____
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
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, LAWRENCE A 110 28TH AVE. N. ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALINARD, LISA C 110 28TH AVE. N. ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAUW, WILLEM K 110 28TH AVE. N. ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAUW, WILLEM K. 2026 5TH AVENUE N ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTREPID REAL ESTATE INVESTMENTS, INC. 2026 5TH AVENUE N ST. PETERSBURG, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GINGERBREAD HOMES, INC. 2026 5TH AVENUE N ST. PETERSBURG, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa C. Salinard* Date 8.15.2006 Daytime Phone # 727.209.7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE