

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088387

FILED
Sep 09, 2008
Secretary of State

Entity Name: HOME TEAM MANAGEMENT, LLC

Current Principal Place of Business:

19587 NW 55TH CIRCLE PLACE
MIAMI, FL 33055

New Principal Place of Business:

19587 NW 55TH CIRCLE PLACE
MIAMI, FL 33055

Current Mailing Address:

19587 NW 55TH CIRCLE PLACE
MIAMI, FL 33055

New Mailing Address:

18520 NW 67TH AV # 297
MIAMI, FL 33015

FEI Number: 20-3428327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARBONELL, L. ESTHER
19587 NW 55TH CIRCLE PLACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARBONELL, L. ESTHER
Address: 19587 NW 55TH CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

Title: PST () Delete
Name: CARBONELL, AMANDA
Address: 19587 NW 55TH CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES:

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

Title: PST (X) Change () Addition
Name: CARBONELL, CARLOS
Address: 19587 NW 55TH CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

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: L. ESTHER CARBONELL

MAGR

09/09/2008

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