# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

**FILED**
**Apr 10, 2008 08:00 AI**
**Secretary of State**

DOCUMENT # L05000104737

1. Entity Name

HOMESTEAD ART CENTER, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 19025 S.W. 264 STREET<br>HOMESTEAD FL 33031 | 19025 S.W. 264 STREET<br>HOMESTEAD FL 33031 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

1st MOORE CR2E083 (10/07)

4. FEI Number 20-3821914 — 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 |
|---|---|
| SACHER, CHARLES P<br>2655 LEJEUNE ROAD<br>STE. 1101<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR ☐ Delete<br>DAUGHERTY, MICHAEL J SR.<br>19025 S.W. 264 STREET<br>HOMESTEAD FL 33031 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000890296<br>04/22/08-80089-006 138.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR ☐ Delete<br>DAUGHERTY, KAREN A<br>19025 S.W. 264 STREET<br>HOMESTEAD FL 33031 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Michael J Daugherty 4-10-08 305-248-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #