

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000116788

1. Entity Name
HOME & BUSINESS PARTNERS LLC



Principal Place of Business
601 N. CONGRESS AVENUE
STE. 428
DELRAY BEACH, FL 33445

Mailing Address
601 N. CONGRESS AVENUE
STE. 428
DELRAY BEACH, FL 33445



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0761074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHIDIRIAN, KATHERIN M
601 N. CONGRESS AVENUE
STE. 428
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000724607
05/02/07-80117-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHIDIRIAN, KATHERIN M
601 N. CONGRESS AVENUE, STE. 428
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
CARDENAS, ALEJANDRO J ESQ.
601 N. CONGRESS AVE.
DELRAY BCH., FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/17/07 561-277-9251
Date Daytime Phone #