

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000004393

Entity Name: HOME REALTY LLC

FILED  
Oct 17, 2007  
Secretary of State

## Current Principal Place of Business:

8925 SW 148 ST  
SUITE 200  
MIAMI, FL 33176

## New Principal Place of Business:

4200 PINE ISLAND ROAD  
SUITE N-412  
SUNRISE, FL 33351

## Current Mailing Address:

8925 SW 148 ST  
SUITE 200  
MIAMI, FL 33176

## New Mailing Address:

4200 PINE ISLAND ROAD  
SUITE N-412  
SUNRISE, FL 33351

FEI Number: 20-4835920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

SALGADO, RAFAEL  
915 SAVANNAH FALLS DR.  
WESTON, FL 33327      US

## Name and Address of New Registered Agent:

SALGADO, RAFAEL  
4200 PINE ISLAND ROAD  
SUNRISE, FL 33351      US

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: RAFAEL SALGADO

10/17/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: QUINTERO, ANGELICA  
Address: 8925 SW 148 ST  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: QUINTERO, ANGELICA  
Address: 4200 PINE ISLAND ROAD  
City-St-Zip: SUNRISE, FL 33351

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: ANGELICA QUINTERO

MGRM

10/17/2007

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