


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90096 009 ***138.75

DOCUMENT # L06000014905 1. Entity Name HOMEWORKS, LLC	
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Principal Place of Business 4311 37TH ST. E. BRADENTON, FL 34208	Mailing Address 4311 37TH ST. E. BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE

07082008 No Chg-LLC

CR2E083 (12/07)

60044692



4. FEI Number 65-0652901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRIKER, JAMES F
4311 37TH STREET E
BRADENTON, FL 34208**

**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: James F. Carriker - info is correct (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!! Fee is \$138.75
Due by September 12, 2008**

First time notice \$138.75

James Carriker

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIKER, JAMES 4311 37TH ST. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRIKER, CAROL M 4311 37TH. STREET EAST BRADENTON, FL 34208
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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: James F. Carriker **7-1-08** **941-747-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60044692
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ATTACHMENT
IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the Limited Liability Company annual report is \$538.75. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 11.

\$ 138.75

I was not able to print a different form. First time I was notified. I was told to send this along with the \$ 138.75

James Carter

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6051
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.