

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017127

Entity Name: HOMESTEAD POINT, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

9483 COUNTY ROAD 49
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. 969
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 56-2562268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CAROL
9483 CO. RD 49
LIVE OAK, FL 32064 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: MRS. () Delete
Name: MARTIN, CAROL B
Address: 9483 CO. RD. 49
City-St-Zip: LIVE OAK, FL 32060

Title: MR. () Delete
Name: STRICKLAND, KENNETH R
Address: 260 S.E. 192ND AVE
City-St-Zip: WILLISTON, FL 32696

Title: MR. () Delete
Name: STRICKLAND, JESSE
Address: 20835 NW 13TH STR.
City-St-Zip: DUNNELLON, FL 34431

Title: MR. () Delete
Name: ELLIS, JAMES
Address: 6280 N. CHERRY TREE LANE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

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

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

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

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

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: CAROL B MARTIN

PRES

04/30/2009

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