2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 23, 2007 8:00 am Secretary of State **DOCUMENT # L06000019339** 1. Entity Name 01-08-2007 90207 019 ****50.00 HOME FRONT OF VISTA, LLC 07-23-2007 90077 006 ****50.00 Principal Place of Business Mailing Address PO BOX 272129 1212 N.W. 16TH STREET BOCA RATON, FL 33427 BOCA RATON, FL 33486 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07172007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State Not Applicable \$5.00 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMMER, RUSS Street Address (P.O. Box Number is Not Acceptable) 1212 N.W. 16TH STREET BOCA RATON, FL 33486 City 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 litle it appolicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ■ Addition HILE ☐ Delete TITLE THE HAMMER LIVING TRUST NAME NAME 1212 N.W. 16TH STREET STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition IIILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CITY-SE-ZIP ☐ Change Addition Delete HILE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 1111.6 ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE De lete TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

FILED