

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000019999		
1. Entity Name HOMECOMING ADOPTIONS, AN INTERNATIONAL ADOPTION PRACTICE L.L.C.		
Principal Place of Business 200 EAST ROBINSON STREET 1150 ORLANDO, FL 32801	Mailing Address 200 EAST ROBINSON STREET 1150 ORLANDO, FL 32801	



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4363532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ALEXANDER, KURT E ESQ.
200 EAST ROBINSON STREET
1150
ORLANDO, FL 32801

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, KURT E ESQ. 200 EAST ROBINSON STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGDON, KENDALL B 200 EAST ROBINSON STREET ORLANDO, FL 32801
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04/01/08-80031-014 138.75

**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

Date

Daytime Phone #

5/12/08 407420-1900