

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026009

FILED
Mar 01, 2007
Secretary of State

Entity Name: HOMES FOR THE HOMELESS,LLC

Current Principal Place of Business:

1801 N FLAGLER DRIVE
#402
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1801 N FLAGLER DRIVE
#402
WEST PALM BEACH, FL 33407

New Mailing Address:

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

Name and Address of Current Registered Agent:

LUCOMBE, ANTHONY
1801 N FLAGLER
#402
WEST PALM BEACH, FL 33407 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: MGRM () Delete
Name: LUCOMBE, ANTHONY
Address: 1805 N FLAGLER DRIVE #402
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Delete
Name: PAMPHILE, FRITZ
Address: 1805 N FLAGLER DRIVE #402
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR (X) Delete
Name: LEANDRE, FRITZ
Address: 1805 N FLAGLER DRIVE #402
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR (X) Delete
Name: SHIELDS, GAYNOR
Address: 1805 N FLAGLER DRIVE #402
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: JULES, DOLSTON
Address: 1801 N FLAGLER DR #402
City-St-Zip: WEST PALM BEACH, FL 33407

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 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: ANTHONY LUCOMBE

MGRM

03/01/2007

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