


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L06000031154<br>1. Entity Name<br>HOMESTEAD MANAGEMENT LLC |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                    |                                                                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br>CORAL PALMS APARTMENTS<br>4539 CORAL PALMS LANE<br>NAPLES, FL 34116 | Mailing Address<br>80 JOHNSON STREET<br>KINGSTON<br>ONTARIO, CANADA, ON K7L 1-X7 |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



01112008No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-4559107 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

STEINBERG, LAWRENCE  
 2650 N. MILITARY TRAIL, STE. 240  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

000000842647  
 03/11/08-80039-011 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SMITH, A B<br>80 JOHNSON STREET<br>KINGSTON ONTARIO CANADA, ON K7L 1X7        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MOORE, FRANCINE A<br>80 JOHNSON STREET<br>KINGSTON ONTARIO CANADA, ON K7L 1X7 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENDRY, ALFRED G<br>80 JOHNSON STREET<br>KINGSTON ONTARIO CANADA, ON K7L 1X7  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: J Moore CFO      Date: Feb 18/08      Daytime Phone #: 613 546 3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE