

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031154

FILED
Feb 24, 2009
Secretary of State

Entity Name: HOMESTEAD MANAGEMENT LLC

Current Principal Place of Business:

CORAL PALMS APARTMENTS
4539 CORAL PALMS LANE
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

80 JOHNSON STREET
KINGSTON
ONTARIO, CANADA, ON K7L 1X7

New Mailing Address:

FEI Number: 20-4559107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINBERG, LAWRENCE
2650 N. MILITARY TRAIL, STE. 240
BOCA RATON, FL 33431 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: MGR () Delete
Name: SMITH, A B
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, ON K7L 1X7

Title: MGR () Delete
Name: MOORE, FRANCINE A
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, ON K7L 1X7

Title: MGR () Delete
Name: HENDRY, ALFRED G
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, ON K7L 1X7

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:

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: FRANCINE A. MOORE CFO 02/24/2009

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