

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 026 ***138.75

DOCUMENT # L06000031940 1. Entity Name HOME FRONT HOMES LLC	
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Principal Place of Business 512 PAUL MORRIS DRIVE ENGLEWOOD FL 34223 US	Mailing Address 512 PAUL MORRIS DRIVE ENGLEWOOD FL 34223 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-4852060	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN HINLOOPEN LABBER, KAREL J 752 AUTUMNCREST DRIVE SARASOTA FL 34232	
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7. Name and Address of New Registered Agent	
Name ARTHUR NADEL	
Street Address (P.O. Box Number is Not Acceptable) 1618 MAIN ST.	
City SARASOTA	FL Zip Code 34236

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 <i>Arthur Nadel</i> Signature, typed or printed name of registered agent and title if applicable	ARTHUR NADEL MGRM 3/31/08 (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN HINLOOPEN LABBER, KAREL J 752 AUTUMNCREST DRIVE SARASOTA FL 34232 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELL, CLYDE A 555 S GULFSTREAM AVENUE #1601 SARASOTA FL 34236 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADEL, ARTHUR 1618 MAIN STREET SARASOTA FL 34236 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, BRIAN C 120 ROSE DRIVE VENICE FL 34293 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Arthur Nadel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	ARTHUR NADEL MGRM 3/31/08 941-366-0975 Date	Discipline Period #
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