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

SIGNATURE:

SIGNATURE AND TYPED OR

## May 30, 2008 8:00 am Secretary of State DOCUMENT # L06000034587 1. Entity Name 05-30-2008 90017 012 \*\*\*138.75 HOMEWOOD LLC Principal Place of Business Mailing Address 5145 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 5145 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number AP-PLIED FOR Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL. 32301 Zip Code FI 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 renstating) DATE FILE NOW!!! FEE IS \$138,75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Dalete Change Addition SEATON, JAMES VERNON NAME NAME STREET ADDRESS 5145 GULF OF MEXICO DRIVE STREET ADDRESS CiTY-ST-78 LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE MGRM ☐ Delete THEF Change Addition NAME SEATON, MICHAEL TAYLOR NAME STREET ADDRESS 207 HOLLEY CT. STREET ADDRESS CITY-ST-ZIP BARBOURSVILLE WV 25504 CITY-ST-ZiP Change THILL MGRM ☐ Delete TITLE Addition NAME STINSON, DOROTHY ANN STREET ADDRESS STREET ADDRESS 2 COURTSIDE DRIVE CITY-ST-ZIP **HUNTINGTON WV 25705** CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME SEATON, J. LANGFORD NAME STREET ADDRESS 5145 GULF OF MEXICO DR STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 11. Thereby 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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