

FILED
Apr 13, 2007 8:00 am
Secretary of State

02-12-2007 90301 030 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000038671		
1. Entity Name HOME INVESTMENT MANAGEMENT, LLC		
Principal Place of Business 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086		Mailing Address 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8721 SANTA ANITA BLVD Suite, Apt. #, etc. Rm B837
City & State		City & State Los Angeles, CA
Zip	Country	Zip 90064-4507
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HORN, CHERYL 104 11TH STREET A ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 <u>Cheryl Horn</u> <u>Cheryl Horn</u> Notary <u>2-5-2006</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>John Stevens, MAR</u> <u>2001 Fawnwood Dr</u> <u>Princetonville Beach, FL 32082</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Michael</u> <u>Charles Stevens</u> <u>2744 US 1 South</u> <u>St Aug, FL 32086</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: <u>[Signature]</u> <u>[Signature]</u> <u>1-10-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		