2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L06000040827

Entity Name: TEMPORARY HOME SOLUTIONS LLC

Current Principal Place of Business:

3911 E. COLONIAL DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3911 E. COLONIAL DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 75-3211073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVARY, BEN B
3911 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

LAVIOLETTE, DENA A
3911 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

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: DENA A. LAVIOLETTE 04/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DEVARY, BEN B	
Address:	3911 E. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MGRM	( ) Delete
Name:	HUNTER, DAVID	
Address:	3911 E. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MGRM	( ) Delete
Name:	LAVIOLETTE, DENA	
Address:	3911 E. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32803	

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 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: DENA LAVIOLETTE MGRM 04/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date