2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000049070

 Entity Name PRIVATE HOME INVESTMENTS, LLC



US

FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4136 PLAYER CIRCLE ORLANDO, FL 32808 US 4136 PLAYER CIRCLE ORLANDO, FL 32808

01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2644366

Applied For Not Applicable

5. Certificate of Status Desired .

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EBMEIER, EDWARD 4136 PLAYER CIRCLE ORLANDO, FL 32808

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent. SIGNATURE	the State of Florida. I am familiar with, and accept $1/26/2008$
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.78 After May 1, 2008 Fee will be \$538.75	U0000000000
9. MANAGING MEMBERS/MANAGERS	/00000909303 08/08-80015-018 138.75
TITLE MGRM NAME EBMEIER, EDWARD STREET ADDRESS 4136 PLAYER CIRCLE CITY-ST-ZIP ORLANDO, FL 32808	00.00 00010 010 130.13
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flor	rida Stabutas further equilibrithm the information

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:

RE: 2 Comules.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytme Phone #