


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 044 \*\*\*\*55.00

<b>DOCUMENT # L06000086427</b>											
<b>1. Entity Name</b> HOMESTEAD GARDENS LLC											
<b>Principal Place of Business</b> 2700 GLADES CIRCLE SUITE 130 WESTON, FL 33327 US			<b>Mailing Address</b> 2700 GLADES CIRCLE SUITE 130 WESTON, FL 33327 US								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		<b>4. FEI Number</b> 56-2610812 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable				
Applied For											
Not Applicable											
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>								
PRADO, LUIS 2700 GLADES CIRCLE SUITE 130 WESTON, FL 33327			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FL</td> <td style="width: 50%; padding: 2px;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FL</td> <td style="width: 50%; padding: 2px;">Zip Code</td> </tr> </table>	FL	Zip Code
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FL	Zip Code										
<b>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.</b>											
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)											
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to <b>Florida Department of State</b>									
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>								
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	PRADO, LUIS		NAME								
STREET ADDRESS	2700 GLADES CIRCLE, SUITE 130		STREET ADDRESS								
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP								
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	BASABE, AARON		NAME								
STREET ADDRESS	2950 GLADES CIRCLE, SUITE 2		STREET ADDRESS								
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
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CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> LUIS PRADO MGRM			02/12/07 954 3850733								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #								

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02122007 Chg-LLC CR2E083 (12/06)