

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90195 036 \*\*\*\*50.00

DOCUMENT # L06000092133

1. Entity Name

HOMERUN, LLC



Principal Place of Business

Mailing Address

1515 UNIVERSITY DRIVE, STE. 203  
CORAL SPRINGS FL 33071

1515 UNIVERSITY DRIVE, STE. 203  
CORAL SPRINGS FL 33071

2. Principal Place of Business - No P.O. Box #

8327 NW 80th St

3. Mailing Address

8327 NW 80th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

20-5597441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARSKY, BARRY  
8327 NW 80TH ST.  
TAMARAC FL 33321

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

Barry Satar

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-7

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Barry Satar, Manager ☐ Delete  
8327 NW 80th St  
Tamarac, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Alan S. Bassin, Manager ☐ Delete  
8327 NW 80th St  
Tamarac, FL 33321

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  
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STREET ADDRESS  
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☐ Delete

TITLE  
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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 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.

SIGNATURE:

Barry Satar

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

BARRY SATARSKY, PRESIDENT

2/08/07

Date

954-461-7777

Daytime Phone #