2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# L06000094581

Entity Name: AGNES STREET HOME LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1344 & 1346 AGNES STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1344 AGNES STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 57-1234690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADMASU, ATAKELTE A
7853 SUMMER STAR CT
JACKSONVILLE, FL, FL COUNTY US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ADMASU, ATAKELTE A	
Address:	7853 SUMMER STAR CT	
City-St-Zip:	JACKSONVILLE, FL 32221 US	
Title:	VP	( ) Delete
Name:	ADMASU, ALBERT A JR	
Address:	7853 SUMMER STAR COURT	
City-St-Zip:	JACKSONVILLE, FL 32221 US	
Title:	S	( ) Delete
Name:	ADMASU, ABEBA A	
Address:	1214 LABELL ST.	
City-St-Zip:	JACKSONVILLE, FL 32204 US	

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: ATAKELTE ADMASU MGR 01/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date