

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115875

FILED
Mar 24, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA HOMEOWNER SOLUTIONS, LLC

Current Principal Place of Business:

3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

5703 RED BUG LAKE RD.
#257
WINTER SPRINGS, FL 32708

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVICH, SCOTT
3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

PAVICH, SCOTT R
3617 S. SAINT LUCIE DRIVE
CASSELBERRY, FL 32707 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: SCOTT R. PAVICH

03/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAVICH, SCOTT
Address: 3617 S. SAINT LUCIE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAVICH, SCOTT R
Address: 3617 S. SAINT LUCIE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Change (X) Addition
Name: PAVICH, HEATHER M
Address: 3617 S. SAINT LUCIE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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: SCOTT R. PAVICH, HEATHER M. PAVICH

MGRM

03/24/2007

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