

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003140

FILED
Feb 18, 2008
Secretary of State

Entity Name: ASSURED HOME SALES LLC

Current Principal Place of Business:

540 E HORATIO
SUITE 100
MAITLAND, FL 32751

New Principal Place of Business:

540 E HORATIO AVE
SUITE 100
MAITLAND, FL 32751

Current Mailing Address:

540 E HORATIO
SUITE 100
MAITLAND, FL 32751

New Mailing Address:

540 E HORATIO AVE
SUITE 100
MAITLAND, FL 32751

FEI Number: 20-8862042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEHOOP, BRENT G
540 E HORATIO
SUITE 100
MAITLAND, FL 32751 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: MGRM () Delete
Name: ZINNO, JASON J
Address: 540 E HORATIO SUITE 100
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM () Delete
Name: DEHOOP, BRENT G
Address: 540 E HORATIO SUITE 100
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZINNO, JASON J
Address: 540 E HORATIO AVE SUITE 100
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM (X) Change () Addition
Name: DEHOOP, BRENT G
Address: 540 E HORATIO AVE SUITE 100
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify 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: JASON J ZINNO

MGRM

02/18/2008

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