2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000003445

Entity Name: GIRAFFE HOME INVESTING GROUP, LLC

Current Principal Place of Business:

7845 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

7845 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3839805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENTZ, JULIA A
7845 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544 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:	AFFTON & ASSOCIATES, INC.	
Address:	27251 WESLEY CHAPEL BLVD., #B14-313	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	MGRM	( ) Delete
Name:	LENTZ, JULIA A	
Address:	7845 QUAIL HOLLOW BLVD.	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	MGRM	( ) Delete
Name:	LENTZ, GERALD S	
Address:	7845 QUAIL HOLLOW BLVD.	
City-St-Zip:	WESLEY CHAPEL, FL 33544	

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 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: JULIA A. LENTZ MGRM 04/30/2009

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