2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000004210

Entity Name: MASTER HOME BUYER, LLC

Current Principal Place of Business:

4327 S. HIGHWAY 27
126
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690224
ORLANDO, FL 32869

New Mailing Address:

4327 S. HIGHWAY 27
126
CLERMONT, FL 34711

FEI Number: 71-1020369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, ALEXISS A
4327 S. HIGHWAY 27
126
CLERMONT, FL 34711 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: HARRIS, ALEXISS A
Address: P.O. BOX 690224
City-St-Zip: ORLANDO, FL 32869

Title: MGRM ( ) Delete
Name: HARRIS, DAMION L
Address: P.O. BOX 690224
City-St-Zip: ORLANDO, FL 32869

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARRIS, ALEXISS A
Address: 4327 S. HIGHTWAY 27 STE. 126
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Change ( ) Addition
Name: HARRIS, DAMION L
Address: 4327 S. HIGHTWAY 27 STE. 126
City-St-Zip: CLERMONT, FL 34711

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: DAMION HARRIS MGRM 05/05/2008

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