

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90057 010 ***138.75

DOCUMENT # L07000024665

1. Entity Name
HOMEWOOD VILLAGE, L.L.C.



Principal Place of Business
**17138 DOLPHIN STREET WEST
SUGARLOAF KEY, FL 33042-3685**

Mailing Address
**17138 DOLPHIN STREET WEST
SUGARLOAF KEY, FL 33042-3685**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

33-1000830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, J. WILLIAM JR.
17138 DOLPHIN STREET WEST
SUGARLOAF KEY, FL 33042-3685**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BROOKS, J. WILLIAM JR.**
STREET ADDRESS **17138 DOLPHIN STREET WEST**
CITY- ST- ZIP **SUGARLOAF KEY, FL 330423685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05-30-08

Date

**304-641-7548
305-748-1555**

Daytime Phone #