

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000047550

FILED  
Jun 24, 2008  
Secretary of State

Entity Name: FLORIDA HOME ASSISTANCE, LLC

**Current Principal Place of Business:**

13846 ATLANTIC BLVD., SUITE 909  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13846 ATLANTIC BLVD., SUITE 909  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 22-3964072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

JACKSON, ROBERT A  
13846 ATLANTIC BLVD  
909  
JACKSONVILLE, FL 32225 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: ROBERT A. JACKSON

06/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACKSON, ROBERT A  
Address: 13846 ATLANTIC BLVD., SUITE 909  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: DANA, DANA  
Address: 13846 ATLANTIC BLVD., SUITE 909  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

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: ROBERT A. JACKSON

MGR

06/24/2008

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