


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90326 037 ***138.75

DOCUMENT # L07000051293	
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1. Entity Name
MY BEAUTIFUL HOMES, LLC

Principal Place of Business 4101 N. OCEAN BLVD. 307 BOCA RATON, FL 33431 US	Mailing Address P.O. BOX 719 BOCA RATON, FL 33429 US
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03102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 102 NE 2ND ST	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State
Zip 33432	Country PAH BEACH

4. FEI Number 26-0183694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARISTIZABAL, LUZ E D 4101 N. OCEAN BLVD. 307 BOCA RATON, FL, FL 33431	7. Name and Address of New Registered Agent Name ARISTIZABAL LUZ E Street Address (P.O. Box Number is Not Acceptable) 102 NE 2ND ST #200 City BOCA RATON FL Zip Code 33432
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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.

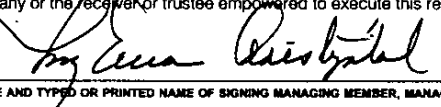
SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARISTIZABAL, LUZ E D 4101 N. OCEAN BLVD. #307 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOR ARISTIZABAL, LUZ E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 NE 2ND ST #200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date **April 17/08** 561 289 6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE