

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060113

FILED
Apr 29, 2008
Secretary of State

Entity Name: HOME FRONT PROPERTIES, LLC

Current Principal Place of Business:

27251 STATE ROAD 54, STE. B-14/111
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

27251 STATE ROAD 54, STE. B-14/111
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

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:

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: SINGLETON, MARY
Address: 27251 STATE ROAD 54, STE. B-14/111
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGR () Delete
Name: SINGLETON, ANDREW
Address: 27251 STATE ROAD 54, STE. B-14/111
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T () Delete
Name: SINGLETON, BRUCE
Address: 27251 STATE ROAD 54, STE. B-14/111
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: MARY SINGLETON

MGR

04/29/2008

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