

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000071291

**FILED**  
**Jun 10, 2008**  
**Secretary of State**

**Entity Name:** HABITAT HOME INVESTMENTS, LLC

**Current Principal Place of Business:**

9370 SW 8TH STREET, #117  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9370 SW 8TH STREET, #117  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 26-0903216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCOIS, FRITZGERALD  
600 SOUTH DIXIE HWY, SUITE 209  
BOCA RATON, FL 33432 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: DORVILUS, PIERRE T  
Address: 9370 SW 8TH STREET, #117  
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOISEAU, NADINE  
Address: 9370 SW 8TH STREET, #117  
City-St-Zip: BOCA RATON, FL 33428

Title: MG ( ) Change (X) Addition  
Name: DORVILUS, PIERRE T  
Address: 9370 SW 8TH STREET, #117  
City-St-Zip: BOCA RATON, FL 33428

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:** NADINE LOISEAU

P

06/10/2008

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