


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L07000072725					
1. Entity Name E-HOME MARKET, LLC					
Principal Place of Business 4500 LENMORE STREET ORLANDO, FL 32812			Mailing Address 4500 LENMORE STREET ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # 4500 Lenmore St Suite, Apt. #, etc. Orlando		3. Mailing Address 4500 Lenmore St Suite, Apt. #, etc. Orlando		06262008 Chg-LLC CR2E083 (12/06)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 14-2003737	
Zip 32812		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STREGER, ALICIA F 4500 LENMORE STREET ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name Alicia Stregu Street Address (P.O. Box Number is Not Acceptable) 4500 Lenmore St City Orlando FL Zip Code 32812		
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 <u>Alicia Stregu</u> (NOTE: Registered Agent signature required when reappointing) DATE <u>7/7/08</u>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STREGER, ALICIA F 4500 LENMORE STREET ORLANDO, FL 32812 <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	900131648449 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/25/08 01010 017 \$125.00		
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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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: <u>Alicia Stregu</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			7/7/08 407-545-9522 Date Daytime Phone #		