## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085977

Entity Name: P.A. HOMESTEAD, LLC

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8101 S.W. TERRACE 26740 ROBERTS RANCH ROAD MIAMI, FL 33143

IMMOKALEE, FL 34142

**Current Mailing Address: New Mailing Address:** 

8101 S.W. TERRACE P O BOX 1050

MIAMI, FL 33143 IMMOKALEE, FL 34143

FEI Number: 26-0792939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HASNER, MARK H ESQ ONE S.E. 3RD AVE. SUITE 2950 SUNTRUST INTERNATIONAL CENTER

MIAMI, FL 33131 US

SMITH, CALVIN P 26740 ROBERTS RANCH ROAD IMMOKALEE, FL 34142 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: CALVIN PERRY SMITH 04/30/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

PERRY SMITH, CALVIN PERRY SMITH, CALVIN Name: Name: Address: 8101 SW 66 TERR Address: PO BOX 1050

City-St-Zip: MIAMI, FL 33143 City-St-Zip: IMMOKALEE, FL 34143

Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: SMITH, ADELE E Address: Address: 18140 RIVER CHASE CT City-St-Zip: City-St-Zip: ALVA, FL 33920

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: CALVIN PERRY SMITH **MGRM** 04/30/2009