

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091606

FILED
Apr 27, 2008
Secretary of State

Entity Name: JOURNEY HOME RESOURCES, LLC

Current Principal Place of Business:

218-A EAST EAU GALLIE BLVD.
SUITE 5
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

218-A EAST EAU GALLIE BLVD.
SUITE 5
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

FEI Number: 26-1174900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
1601 PARK CENTER DRIVE
SUITE 6A
ORLANDO, FL 32835 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: JAMES K. DUERR, CPA

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAISER, JOEL
Address: 218-A EAST EAU GALLIE BLVD., STE.5
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: MGRM () Delete
Name: KAISER, JUDITH
Address: 218-A EAST EAU GALLIE BLVD., STE.5
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES:

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: JOEL KAISER

MGRM

04/27/2008

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