

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000023610

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** HOMELINE PROPERTIES, LLC

**Current Principal Place of Business:**

2922 SW LUCERNE STREET  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

4994 NW FAWN STREET  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

2922 SW LUCERNE STREET  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

4994 NW FAWN STREET  
PORT SAINT LUCIE, FL 34983

**FEI Number:** 27-4380605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CROSSFIELD, JOSEPH  
2922 SW LUCERNE STREET  
PORT SAINT LUCIE, FL 34953 US

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

CROSSFIELD, JOSEPH  
4994 NW FAWN STREET  
PORT SAINT LUCIE, FL 34983 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CROSSFIELD, JOSEPH  
Address: 4994 NW FAWN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby 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: JLCROSSFIELD

MGRM

04/29/2011

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