

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90065 008 \*\*\*143.75

**DOCUMENT # L96000000123**

1. Entity Name  
HOMS, LC



Principal Place of Business  
1 RYANT BOULEVARD  
SEBRING, FL 33872

Mailing Address  
1 RYANT BOULEVARD  
SEBRING, FL 33872

60005068



2. Principal Place of Business - No P.O. Box #

4094 Santa Barbara Dr.

3. Mailing Address

4094 Santa Barbara Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272008

Chg-LLC

CR2E083 (12/06)

City & State

Sebring FL

City & State

Sebring FL

4. FEI Number

65-0684803

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSUE, DONALD W  
1 RYANT BOULEVARD  
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name Michele G. Transue

Street Address (P.O. Box Number is Not Acceptable)

4094 Santa Barbara Dr.

City Sebring

FL

Zip Code 33875

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

Michele G. Transue

(NOTE: Registered Agent signature required when reinstating)

1/28/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TRANSUE, DONALD W  
STREET ADDRESS 1 RYANT BOULEVARD  
CITY-ST-ZIP SEBRING, FL 33872 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Michele G. Transue  
STREET ADDRESS 4094 Santa Barbara Dr.  
CITY-ST-ZIP Sebring FL 33875 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SIGNOR  
NAME DONALD W. TRANSUE II  
STREET ADDRESS 7200 GREENSHORES DR.  
CITY-ST-ZIP AUSTIN, TX 78730 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michele G. Transue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/08

Date

Daytime Phone #

(863)