2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L96000000123

Entity Name: HOMS, LC

Current Principal Place of Business:

4094 SANTA BARBARA DR
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

4094 SANTA BARBARA DR
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-0684803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRANSUE, MICHELE
4094 SANTA BARBARA DR 2
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

TRANSUE, MICHELE
4094 SANTA BARBARA DR
SEBRING, FL 33875 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: 04/08/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: S ( ) Delete
Name: TRANSUE, DONALD W II
Address: 7200 GREENSHORES DR
City-St-Zip: AUSTIN, TX 78730

Title: MGR ( ) Delete
Name: TRANSUE, MICHELE
Address: 4094 SANTA BARBARA DR
City-St-Zip: SEBRING, FL 33875

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: MICHELE TRANSUE MGR 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date