

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000648

FILED
Apr 26, 2004
Secretary of State

Entity Name: HOMEFOCUS SERVICES, LLC

Current Principal Place of Business:

1831 CHESTNUT ST
SAINT LOUIS, MO 63103

New Principal Place of Business:

Current Mailing Address:

NC1-021-02-20
401 N. TRYON ST.
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 56-2178895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BANK OF AMERICA, N.A. .
Address: 401 N TRYON ST NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR () Delete
Name: MROZ, GREG S
Address: NC1-021-02-20 / 401 N. TRYON ST.
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR () Delete
Name: COSTAMAGNA, CHRISTINE
Address: NC1-021-02-20 / 401 N. TRYON ST.
City-St-Zip: CHARLOTTE, NC 28255

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: GREG S MROZ

MGR

04/26/2004

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