2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90264 018 ****50.00

DOCUN 1. Entity Name HOMEDE	9	# M0200000 c	00224					03 2 3 2 000	, , , , , , , , , , , , , , , , , , , ,		
Principal Place		s	Mailing Address								
5350 W. ATLANTIC AVE				5350 W. ATLANTIC AVE				20	0197	3.3	
SUITE 100 Delray Beach, Fl 33484			SUITE 100	DELRAY BEACH, FL 33484				~ 0	0101	,,	
DELKAT DEAL	LII, FL 334	104	DELKAT BEAGI	I, FL 33404							
2. Principal Place of Business			3. Mailing Addres	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State	City & State			4. FEI Numb 26-005	=		<u> </u>	plied For t Applicable	
Zip		Country	Zip	Cou	intry			of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Curre	nt Registered Agent				7. Name and	Address of New F	Registered /	Agent	
CTCORP	ORATION	N SVSTEM			Name f	4ND	REW S	TEINBER	La		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				St			P.O. Box Numb	er is Not Acceptabl	e)		
PLANTATI	ON, FL 3	33324	(`)		5350	W	. Δπ Δ	NITIC DI	FNUE	SINT	× 100
			()		City	12.4	AV BEA	CH	FL	Zip Code	\$4 ×
		ty submits this statemen	t for the purpose of cha	nging its registe	ered office or r	egister	ed agent, or bo	oth, in the State of FI	orida. I am	familiar with,	and accept
the obligat	ions of regis	stered agent.	m Thus	ره لارسا	Ct.			3-1	<i>\$</i> 1.66	2.	i
SIGNATURE.	Signature, types	d or printed name of registered ag	pent and title if applicable.	(NOTE: Registe	ered Agent signature	e required	when reinstating)		DATE	*15	
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