2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2004
Secretary of State

DOCUMENT# M02000001034

Entity Name: HOME ENTERPRISES, LLC

Current Principal Place of Business:

838 PEACOCK LN
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

838 PEACOCK LN
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete
Name: DANNENBERG, THOMAS S
Address: 838 PEACOCK LN
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete
Name: BROWN, JAMES J
Address: 838 PEACOCK LN
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARROLL, SUSAN J
Address: 9942 CRENSHAW CIRCLE
City-St-Zip: CLERMONT, FL 34711

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

Title: MGR ( ) Change (X) Addition
Name: CLAEYS, TIA
Address: 104 SEQUOIA VALLEY CT
City-St-Zip: CLERMONT, FL 34711

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: SUSAN J CARROLL MGR 05/16/2004

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