2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004153

WALL, THOMAS R IV

ATLANTA, GA 30305

3060 PEACHTREE ROAD, SUITE 200

Name:

Address:

City-St-Zip:

Entity Name: HOMES & LAND, LLC

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1830 EAST PARK AVENUE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 1830 EAST PARK AVENUE TALLAHASSEE, FL 32301 FEI Number: 35-2220418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ALTENBACH, JAMES S Name: Name: Address: 3060 PEACHTREE ROAD, SUITE 200 Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BYNUM, FRANK K Name: Address: 3060 PEACHTREE ROAD, SUITE 200 Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: CEOD () Delete Title: () Change () Addition SCHMIDT FELLNER, F. BLAIR Name: Name: 3060 PEACHTREE ROAD, SUITE 200 Address: Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: COB () Delete Title: () Change () Addition Name: HOGAN, GERALD Name: 3060 PEACHTREE ROAD, SUITE 200 Address: Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: F. BLAIR SCHMIDT-FELLNER CEOD 04/23/2009