2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M07000000255 HOMEVEST CAPITAL, LLC Principal Place of Business Mailing Address 6701 CARMEL ROAD STE 110 6701 CARMEL ROAD STE 110 CHARLOTTE, NC 28226 CHARLOTTE, NC 28226 04112008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3512426

FILED Apr 18, 2008 08:00 Al Secretary of State

CR2E083 (12/07)

Daytime Phone #

Applied For

| | | | 20-3512426 | | Not Applicable | |
|--|--|--------------------------------------|-----------------------------------|-------------------------|-----------------------------------|--|
| | | | 5. Certificate of Status | Desired [| \$5.00 Additional Fee Required | |
| | 6. Name and Address of Current Registered Agent | | | | r de Naquilla | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 | | | DO NOT WRITE IN THIS SPACE | | | |
| 3. The above the obligat | e named entity submits this statement for the purpose of cha tions of registered agent. | nging its registered office or req | gistered agent, or both, in the S | State of Florida. | l am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable, | (NOTE: Registered Agent signature ri | equired when reinstating) | | ATE | |
| FILE After May | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | | | | |
| ITLE IAME STREET ADDRESS STY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGR KECHIJIAN, ARTHUR E 6701 CARMEL ROAD STE 110 CHARLOTTE, NC 28226 | | 05/ | 700000909 701/03–80(| 5588 558-011 138.75 | |
| ITLE HAME STREET ADDRESS SITY-ST-ZIP | CHARLOTTE, NC 20220 | | | | | |
| ITLE IAME ITREFT ADDRESS ITY-ST-ZIP | | | DO NO | T WRI | TE | |
| itle Iame Itreet address Itty-st-zip | | | IN THIS | SPAC | CE | |
| itle Iame Itreet address Ity-st-zip | | | | | | |
| AME TREET ADDRESS | | | | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE