


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000007203 1. Entity Name NATIONAL HOME AUCTION COMPANY LLC	
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Principal Place of Business 18012 COWAN STREET, #100 IRVINE, CA 92614	Mailing Address 18012 COWAN STREET, #100 IRVINE, CA 92614
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DO NOT WRITE IN THIS SPACE



02152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-1424871	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

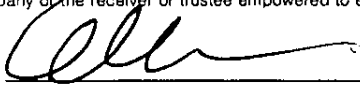
U000000835631
02/29/08-80041-024 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KNOTT, RYAN 18012 COWAN STREET, #100 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CONNELLY, CHRISTOPHER 18012 COWAN STREET, #100 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KIM, MICHAEL 18012 COWAN STREET, #100 IRVINE, CA 92614
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  MICHAEL KIM 2/15/2008 949-202-4610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #