

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 08, 2007
Secretary of State

DOCUMENT# N04000007618

Entity Name: HOMESTEAD EFBD, INC.

Current Principal Place of Business:13 SW 7TH STREET
MIAMI, FL 33130**New Principal Place of Business:****Current Mailing Address:**13 SW 7TH STREET
MIAMI, FL 33130**New Mailing Address:**

FEI Number: 01-0817781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**MICHAEL LATTEARNER & ASSOCIATES, INC.
13 SW 7TH STREET
MIAMI, FL 33130 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: MICHAEL LATTEARNER

11/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: BROSTOFF, JUDY
Address: 13 SW 7TH STREET
City-St-Zip: MIAMI, FL 33130Title: D () Delete
Name: IVY, CURT
Address: 790 NORTH HOMESTEAD BLVD.
City-St-Zip: HOMESTEAD, FL 33030Title: D () Delete
Name: MELENDI, RAY
Address: C/O LENNAR HOMES, INC. 700 NW 107 AVE 4 FL
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: BANKS, ROBERT W
Address: 4600 SHERIDAN STREET, SUITE 205
City-St-Zip: HOLLYWOOD, FL 33021Title: D (X) Change () Addition
Name: MELENDI, REY
Address: C/O LENNAR HOMES, INC. 700 NW 107 AVE 4 FL
City-St-Zip: MIAMI, FL 33172

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY BROSTOFF

D

11/08/2007

Electronic Signature of Signing Officer or Director

Date