


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M03000000634 |  |
| 1. Entity Name HOME SERVICES, LLC | |

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| Principal Place of Business 900 NORTH MICHIGAN AVE., STE. 1400 CHICAGO, IL 60611 | Mailing Address 900 NORTH MICHIGAN AVE., STE. 1400 CHICAGO, IL 60611 |
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 45-0509674 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

1100100478365
04/08/06-80702-025 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ARVIDA/JMB PARTNERS 900 NORTH MICHIGAN AVE., STE. 1400 CHICAGO, IL 60611 |
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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.
By: Arvida Company, a general partner of Arvida/JMB Partners

SIGNATURE: *Karen M. Ewing* **Karen M. Ewing, Asst. Secretary 02/23/06 (312) 915-1969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #