



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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

	
01242007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 45-0509674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

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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04/03/07-80036-018 50.00

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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.

Karen M. Ewing, Asst. Secretary of Arvida Company, a general partner of Arvida/JMB Partners

SIGNATURE: *Karen M. Ewing* Date: 1/30/07 Daytime Phone #: (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE