

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122701

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARANATHA HOME MORTGAGES, LLC.

Current Principal Place of Business:

4244-B EVANS AVENUE
FORT MYERS, FL 33901

New Principal Place of Business:

1405 SE 47TH STREET
SUITE 2
CAPE CORAL, FL 33901

Current Mailing Address:

4244-B EVANS AVENUE
FORT MYERS, FL 33901

New Mailing Address:

1405 SE 47TH STREET
SUITE 2
CAPE CORAL, FL 33901

FEI Number: 20-4001329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZERHANE DA SILVA, MARCOS KLEY
17100 PRIMAVERA CIRCLE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEZERHANE DA SILVA, MARCOS KLEY
Address: 17100 PRIMAVERA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR () Delete
Name: COMTOIS, WILLIAM
Address: 17100 PRIMAVERA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEZERHANE DA SILVA, MARCOS KLEY
Address: 17100 PRIMAVERA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: MARCOS KLEY MEZERHANE DA SILVA

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date