


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 046 ****50.00

DOCUMENT # L06000087348

1. Entity Name
AMERICA'S HOME LENDING, LLC



Principal Place of Business
C/O KIEFNER & HUNT, P.A. Law Offices, P.A.
146 2ND STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701

Mailing Address
Law Offices, P.A.
C/O KIEFNER & HUNT, P.A.
146 2ND STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03262007	Chg-LLC	CR2E083 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-5501586		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KIEFNER, JOHN R JR, ESQ C/O KIEFNER & HUNT, P.A. Law Offices, P.A. 146 SECOND STREET NORTH, SUITE 300 ST. PETERSBURG, FL 33701				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

Handwritten entry in Section 10:
MGRM
Debra Ann Cowan
C/O 146-2nd St. No. Suite 300
St. Petersburg FL 33701

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: *[Signature]* **as attorney for America's Home Lending, LLC** **3/27/07** **894-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #