

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000838

FILED
Apr 08, 2004
Secretary of State

Entity Name: HOME MORTGAGE MANAGEMENT, L.C.

Current Principal Place of Business:

200 S BISCAYNE BLVD
6TH FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 S BISCAYNE BLVD
6TH FLOOR
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0801871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, TERRANCE
200 S BISCAYNE BLVD
6TH FLOOR
MIAMI, FL 33131 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/MEMBERS:

Title: MGRM () Delete
Name: SCHULTZ, TERRANCE
Address: 200 S BISCAYNE BLVD 6TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: BRANT, BARRY
Address: 200 S BISCAYNE BLVD 6TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: BERKOWITZ, RICHARD A
Address: 200 S BISCAYNE BLVD 6TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD BERKOWITZ MGRM 04/08/2004

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