2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # MOSOCOCOMAGO

ACOUSTIC HOME LOANS, LLC



FILED Jan 13, 2004 8:00 am Secretary of State 01-13-2004 90040 020 ****50.00

DOCUMENT	# 10103000000499
1. Entity Name	

16030 VENTURA BLVD, 4TH FLOOR ENCRIC, OA 191456	Principal Place	e of Business	Mailing Address								
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NRAI SERVICES, INC 226 E PARK AVENUE TALLAHASSEE, FL 32301 Chy 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, medicing present agent and last applicable. Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida State of Florida State of Florida S		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered A	gent		
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, specific printed name of registered agent and file it applicable. (INCITE fregistered Agent dignature researce when rentaining) DATE	526 E. PARK AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
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