

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002109

FILED  
May 02, 2007  
Secretary of State

Entity Name: PRESTIGE HOME MORTGAGE LLC

**Current Principal Place of Business:**

14 WOOD STREET  
MILFORD, MA 01757

**New Principal Place of Business:**

**Current Mailing Address:**

14 WOOD STREET  
MILFORD, MA 01757

**New Mailing Address:**

FEI Number: 20-2307948      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      US

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: LUCAS, JOHN  
Address: 14 WOOD STREET  
City-St-Zip: MILFORD, MA 01757

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change      (X) Addition  
Name: WESLEY, OLIVER  
Address: 14 WOOD STREET  
City-St-Zip: MILFORD, MA 01757

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: JOHN LUCAS

MGR

05/02/2007

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