


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90037 004 ****55.00

DOCUMENT # M05000003774	
1. Entity Name THE HOME LOAN CENTER, L.L.C.	

Principal Place of Business 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034	Mailing Address 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034
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60001434

2. Principal Place of Business 2100 E. MAPLE Rd.	3. Mailing Address 2100 E. MAPLE Rd.
Suite, Apt. #, etc. STE. 500	Suite, Apt. #, etc. STE. 500

City & State BIRMINGHAM, MICHIGAN	City & State BIRMINGHAM, MICHIGAN
Zip 48009	Country OAKLAND
Zip 48009	Country OAKLAND

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3375910	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
COSTANZO, SHERENE R 11563 NW 2ND ST PLANTATION, FL 33325	

7. Name and Address of New Registered Agent	
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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE 11/11/2006
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLLIAS, STEPHEN K 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 MAPLE Rd. STE. 500 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLYNN, JON K 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 MAPLE Rd. STE. 500 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR METAJ, AARON 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 MAPLE Rd. STE. 500 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JANNETT, JACQUES I 29777 TELEGRAPH RD. STE 3550 SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 MAPLE Rd. STE. 500 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 11/11/2006	Daytime Phone # (248) 614-5200 (800) 592-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		