2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022496

1. Entity Name HOME FIRST FUNDING, LLC



FILED
Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

2611 TECHNOLOGY DRIVE ORLANDO, FL 32804

Mailing Address

2611 TECHNOLOGY DR. ORLANDO, FL 32804



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-000189

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

407-578-2000

Daytime Phone #

1-10-05

Date

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J ESQ. 37 NORTH ORANGE AVE. SUITE 210 ORLANDO, FL 32801

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	enamed entity submits this statement for the purpose of challions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature regulred when reinstating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VRATANINA, LISA 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, DOUGLAS F 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804		1100000184232 01/20/05~80022-015 50.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	_	DO N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify 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 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 695, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SURVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE