


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90059 017 \*\*\*\*50.00

<b>DOCUMENT # L01000022496</b>	
1. Entity Name <b>HOME FIRST FUNDING, LLC</b>	

Principal Place of Business <b>2611 TECHNOLOGY DRIVE ORLANDO, FL 32804</b>	Mailing Address <b>2611 TECHNOLOGY DR. ORLANDO, FL 32804</b>
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**40058560**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 608066	
City & State		City & State	
Zip		Zip	
Country		Country	
32860-8066		USA	

03142006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
GASDICK, MICHAEL J ESQ. 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name <b>F&amp;L Corp.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b>	
Suite 1300	
City <b>Jacksonville</b>	FL Zip Code <b>32202-5017</b>

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 *Michael J Gasdick, agent* (NOTE: Registered Agent signature required when reinstating) DATE April 19, 2006

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VRATANNA, LISA 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 <input checked="" 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	MGR LONG, DOUGLAS F 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 <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
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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: *[Signature]* 04/18/06 407.578.2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #