2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004
Secretary of State

DOCUMENT# L01000022768

Entity Name: THE HOMETOWN MORTGAGE COMPANY LLC

Current Principal Place of Business:

3360 CAPITAL CIRCLE N.E., STE. B
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3360 CAPITAL CIRCLE N.E., STE. B
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 30-0000742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILKINGTON, SCOTT E
969 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete
Name: PILKINTON, SCOTT
Address: 3360 CAPITAL CIRCLE N.E., STE. B
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Delete
Name: AVERY, MICHAEL C
Address: 3360 CAPITAL CIRCLE N.E., STE. B
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT PILKINGTON MGRM 07/23/2004

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