


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022768 1. Entity Name THE HOMETOWN MORTGAGE COMPANY LLC	
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Principal Place of Business 3360 CAPITAL CIRCLE N.E., STE. B TALLAHASSEE, FL 32308	Mailing Address 3360 CAPITAL CIRCLE N.E., STE. B TALLAHASSEE, FL 32308
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01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0000742	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PILKINGTON, SCOTT E 969 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312
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**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE **1-4-05**

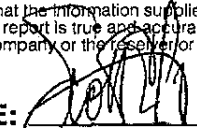
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILKINTON, SCOTT 3360 CAPITAL CIRCLE N.E., STE. B TALLAHASSEE, FL 32308
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01/06/05-80022-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  DATE **1-4-05** Daytime Phone # **850 531-9099**

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