2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011469

Entity Name: UNITED MORTGAGE HOME LENDERS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

12453 S ORANGE BLOSSOM TRAIL 12250 MENTA STREET, 100 SUITE # 106

ORLANDO, FL 32837 ORLANDO, FL 32837

Current Mailing Address: New Mailing Address:

 12453 S ORANGE BLOSSOM TRAIL
 12250 MENTA STREET

 100
 SUITE # 106

 ORLANDO, FL 32837
 ORLANDO, FL 32837

FEI Number: 11-3683510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTORANI, BERNARDINO J
12453 S ORANGE BLOSSOM TRAIL
#100
ORLANDO, FL 32837 US

CASTORANI, BERNARDINO J
12250 MENTA STREET
SUITE # 106
ORLANDO, FL 32837 US

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.

ADDITIONS/CHANGES:

SIGNATURE: BERNARDINO J CASTORANI 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR Title: () Delete (X) Change () Addition CASTORANI, BERNARDINO J CASTORANI, BERNARDINO J Name: Name: 3213 HARPERS FERRY CT Address: 12250 MENTA ST, SUITE # 106 Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CASTORANI, LIDA I Name: CASTORANI, LIDA I

 Address:
 3213 HARPERS FERRY CT
 Address:
 12250 MENTA ST, SUITE # 106

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32837

Title: Title: T () Change (X) Addition

 Name:
 Name:
 CASTORANI, PEDRO A

 Address:
 Address:
 12250 MENTA STREET, SUITE # 106

City-St-Zip: City-St-Zip: ORLANDO, FL 32837

Title: () Delete Title: S () Change (X) Addition
Name: LOZADA, MARISOL

Address: Address: 12250 MENTA STREET, SUITE # 106

City-St-Zip: City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BERNARDINO J CASTORANI MGR 04/30/2009