


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 047 ****50.00

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| DOCUMENT # L03000022376 |  |
| 1. Entity Name HOME-BUYERS CREDIT, LLC | |

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|---|---|
| Principal Place of Business 12550 BISCAYNE BLVD, STE. 405 NORTH MIAMI, FL 33181 | Mailing Address 12550 BISCAYNE BLVD, STE. 405 NORTH MIAMI, FL 33181 |
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|---|---|
| 2. Principal Place of Business 1911 HARRISON STREET | 3. Mailing Address 1911 HARRISON STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State HOLLY WOOD, FLORIDA | City & State HOLLY WOOD, FLORIDA |
| Zip 33020 | Country U.S.A. |



04292004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent GRISALES & JACOBS, LLP 12550 BISCAYNE BLVD, STE. 405 NORTH MIAMI, FL 33181 | |
| 7. Name and Address of New Registered Agent Name GRISALES & JACOBS, LLP Street Address (P.O. Box Number is Not Acceptable) 1911 HARRISON STREET City HOLLY WOOD FL Zip Code 33020 | |

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 _____

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| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACOBS, ERIC A 12550 BISCAYNE BLVD, STE. 405 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACOBS, ERIC A 1911 HARRISON STREET HOLLY WOOD, FLORIDA 33020 <input checked="" 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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| 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 |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #