



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90154 019 ****55.00

DOCUMENT # L03000022913 1. Entity Name AT HOME MORTGAGE SOLUTIONS, LLC					
Principal Place of Business 1318 OSPREY WAY APOPKA, FL 32712			Mailing Address 1318 OSPREY WAY APOPKA, FL 32712		
2. Principal Place of Business 498 Palm Springs Dr Suite, Apt. #, etc. 100		3. Mailing Address 498 Palm Springs Dr Suite, Apt. #, etc. 100			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 47-0924105	
Zip 32701		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON-RICHMOND, ANGELA 1318 OSPREY WAY APOPKA, FL 32712				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Angela Dixon-Richmond</i></u> <u><i>Angela Dixon-Richmond</i></u> <u><i>7/1/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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)(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: <u><i>Angela Dixon-Richmond</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>7/1/04</i></u> <u><i>407-331-4660</i></u> <small>Date Daytime Phone #</small>		