

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036322

FILED
Jan 08, 2008
Secretary of State

Entity Name: LIBERTY HOMESYNC FINANCIAL SERVICES, LLC

Current Principal Place of Business:

568 YAMATO ROAD
2ND FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

568 YAMATO ROAD
2ND FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0280271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N ESQ
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401 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/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, DAWN M
Address: 568 YAMATO ROAD, 2ND FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: PHILLIPS, RICHARD A
Address: 568 YAMATO ROAD, 2ND FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: M () Delete
Name: STOLAR, BRIAN M
Address: 26 MAIN STREET, SUITE 200
City-St-Zip: CHATHAM, NJ 07928

ADDITIONS/CHANGES:

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

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 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: DAWN PHILLIPS

EVP

01/08/2008

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