2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036966

Entity Name: SIMONS & LEONI HOME LOANS, LLC

FILED Aug 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

 307 S. WILLOW AVENUE
 3902 HENDERSON BLVD

 SUITE 100
 STE 200

 TAMPA, FL 336062157 US
 TAMPA, FL 33629 US

Current Mailing Address: New Mailing Address:

3909 W. SANTIAGO STREET 3902 HENDERSON BLVD TAMPA, FL 33629 STE 200 TAMPA, FL 33629 US

FEI Number: 90-0107515 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:

LEONI, DOUGLAS S MGRM 3909 W. SANTIAGO STREET TAMPA, FL 33629 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEONI, DOUGLAS S MGRM
 Name:

 Address:
 3909 W. SANTIAGO STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SIMONS, SCOTT B MGRM
 Name:

 Address:
 3909 W. SANTIAGO STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 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: DOUGLAS LEONI MGRM 08/11/2008