

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042625

FILED
Jan 14, 2005
Secretary of State

Entity Name: SHIRL-HOME MORTGAGE LENDERS, LLC

Current Principal Place of Business:

2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

New Mailing Address:

FEI Number: 36-4544036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, PIERRE A
2853 SW 174 AVENUE
MIRAMAR, FL 33029 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/MEMBERS:

Title: MGRM () Delete
Name: SHIRLEY, PIERRE A
Address: 2853 SW 174 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM (X) Delete
Name: SHIRLEY, ANDRAL S
Address: 2853 SW 174 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM (X) Delete
Name: SHIRLEY, AUDREY T
Address: 2853 SW 174 AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIRLEY, PIERRE A
Address: 2853 SW 174 AVENUE
City-St-Zip: MIRAMAR, FL 33029

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 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 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: PIERRE SHIRLEY

MR

01/14/2005

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