

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90247 033 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000043391</b>			
1. Entity Name <b>HOME MORTGAGE OPTIONS INVESTMENTS, L.L.C.</b>			
Principal Place of Business 225 SE 15TH TERRACE DEERFIELD BEACH, FL 33441		Mailing Address 225 SE 15TH TERRACE DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1352 SW 3rd St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Palm Beach</i>		City & State <i>Palm Beach</i>	
Zip	Country	Zip	Country
<i>33486</i>	<i>Palm Beach</i>	<i>33486</i>	<i>Palm Beach</i>
4. FEI Number <b>38-3692164</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRAHAM, REGINA 225 SE 15TH TERRACE DEERFIELD BEACH, FL 33441</b>		7. Name and Address of New Registered Agent Name <i>Regina Graham</i> Street Address (P.O. Box Number is Not Acceptable) <i>1352 SW 3rd St.</i> City <i>Palm Beach</i> <b>FL</b> Zip <i>33486</i>	
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 <i>Regina Graham, Pres.</i> DATE <i>3-2-08</i> <small>Signature (specify printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GRAHAM, REGINA</b> <b>225 SE 15TH TERRACE</b> <b>DEERFIELD BEACH, FL 33441</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Regina Graham, Pres.* *3-2-08* *561-271-1771*