

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040109

FILED
Mar 27, 2007
Secretary of State

Entity Name: HOME CREDIT GROUP, LLC

Current Principal Place of Business:

1160 KANE CONCOURSE, SUITE 1006
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

1160 KANE CONCOURSE, SUITE 100-B
BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address:

1160 KANE CONCOURSE, SUITE 1006
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

1160 KANE CONCOURSE, SUITE 100-B
BAY HARBOR ISLANDS, FL 33154 US

FEI Number: 80-0105601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COY, PATRICIA
20515 EAST COUNTRY CLUB DRIVE
PH 45
AVENTURA, FL 33180 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: MMGR () Delete
Name: COY, PATRICIA
Address: 20515 EAST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180 US

Title: MMGR () Delete
Name: RODRIGUEZ, LIBIA
Address: 6097 FROGGATT STREET
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

Title: MMGR (X) Change () Addition
Name: RODRIGUEZ, LIBIA
Address: 16024 BRISTOL LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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: LIBIA E RODRIGUEZ

MGR

03/27/2007

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