

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087788

Entity Name: PEAK HOME LOANS, LLC

FILED
Jul 11, 2006
Secretary of State

Current Principal Place of Business:

4134 GULF OF MEXICO DR.
SUITE 201
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

4134 GULF OF MEXICO DR.
SUITE 201
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

4001 GULF DR.
SUITE 109
HOLMES BEACH, FL 34217 US

New Mailing Address:

4001 GULF DR.
SUITE 109
HOLMES BEACH, FL 34217 US

FEI Number: 20-1988567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINZHOFFER, ROBERT
4001 GULF DR.
#109
HOLMES BEACH, FL 34217 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: PINZHOFFER, ROBERT
Address: 4001 GULF DR. #109
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: MGR () Delete
Name: MYERS, SHERRY
Address: 4001 GULF DR. #109
City-St-Zip: HOLMES BEACH, FL 34217 US

ADDITIONS/CHANGES:

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 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: ROBERT PINZHOFFER

MGRM

07/11/2006

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