

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 031 ****50.00

DOCUMENT # L05000038484	
1. Entity Name FLORIDA RESIDENTIAL FUNDING, LLC	

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300
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City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3489545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HELFMAN, STEVEN M ESQ 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name HELFMAN, STEVEN M. Street Address (P.O. Box Number is Not Acceptable) 1600 SAWGRASS CORPORATE PKWY #300 City SUNRISE FL Zip Code 33323
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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  DATE **4/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MEM
G.L. Homes of Florida Holding Corporation
1600 Sawgrass Corporate Pkwy, #300
Sunrise, FL 33323

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:  N. MARIA MENDEZ, VICE PRESIDENT
Date **4/27/06** Daytime Phone # **954-753-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE