

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90326 042 ****50.00

DOCUMENT # L05000038484

1. Entity Name
FLORIDA RESIDENTIAL FUNDING, LLC



Principal Place of Business Mailing Address
1600 SAWGRASS CORPORATE PARKWAY **1600 SAWGRASS CORPORATE PARKWAY**
SUITE **SUITE**
SUNRISE, FL 33323 US **SUNRISE, FL 33323 US**

60047083



04242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3489545

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELFMAN, STEVEN M ESQ
1600 SAWGRASS CORPORATE PKWY #300
SUNRISE, FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **G.L. HOMES OF FLORIDA HOLDINGS CORP.**
STREET ADDRESS **1600 SAWGRASS CORPORATE PKWY #300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☒ Change ☐ Addition
NAME **G.L. HOMES OF FLORIDA HOLDING CORPORATION**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

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

M. MARIA MENENDEZ, VICE PRESIDENT

4/27/07
Date

954.753.1730
Daytime Phone #