

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038484

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA RESIDENTIAL FUNDING, LLC

Current Principal Place of Business:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 230
SUNRISE, FL 33323 US

New Principal Place of Business:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323 US

Current Mailing Address:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 230
SUNRISE, FL 33323 US

New Mailing Address:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323 US

FEI Number: 59-3489545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HELFMAN, STEVEN M ESQ
1600 SAWGRASS CORPORATE PKWY #400
SUNRISE, FL 33323 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: G.L. HOMES OF FLORIDA HOLDING CORP
Address: 1600 SAWGRASS CORP PKWY, SUITE 230
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: G.L. HOMES OF FLORIDA HOLDING CORP
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD M. NORWALK

MGRM

04/27/2009

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