

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050556

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** SL HOME LOAN SOLUTIONS L.L.C.

**Current Principal Place of Business:**

1845 HAWAII DRIVE EAST  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

1845 HAWAII DRIVE EAST  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 20-2928435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAZCANO, SUSAN E  
1845 HAWAII DRIVE E  
JACKSONVILLE, FL 32246 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: LAZCANO, SUSSAN E PRES.  
Address: 1845 HAWAII DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32246

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:** SUSAN E LAZCANO

MS

04/29/2006

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