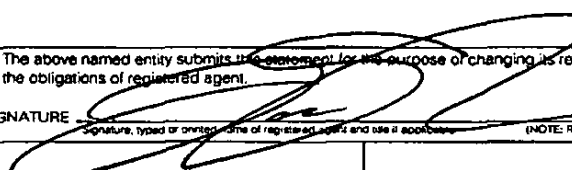
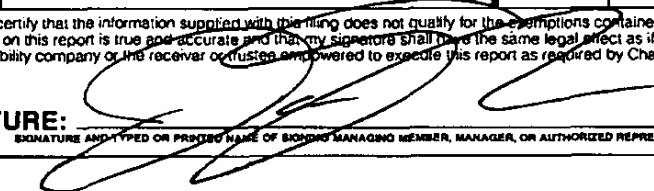


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-18-2006 90011 004 ****50.00

DOCUMENT # L05000065134 1. Entity Name AMERICORP HOME LOANS, LLC					
Principal Place of Business 3752 SW 30TH AVENUE FT. LAUDERDALE, FL 33312			Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		
2. Principal Place of Business 6801 Lake Worth Road Suite, Apt. #, etc. Suite 314		3. Mailing Address Suite, Apt. #, etc.		30007072 	
City & State Lake Worth, FL 33467		City & State		01102006 Chg-LLC CR2E083 (11/05)	
Zip Country		Zip Country		4. FEI Number 203081816	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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  DATE 4-5-06 (NOTE: Registered Agent's signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELSNER, JASON 3752 SW 30TH AVENUE FT. LAUDERDALE, FL 33312 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6801 Lake Worth Road, Suite 314 Lake Worth, Florida 33467 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINNA, LUCA 3752 SW 30TH AVENUE FT. LAUDERDALE, FL 33312 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6801 Lake Sorth Road, Suite 314 Lake Worth, Florida 33467 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			4-5-06 561-433-4844 Date Daytime Phone #		