## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT #L05000069503 03-09-2006 90001 021 \*\*\*\*50.00 1. Entity Name HOME VALUE MORTGAGE SERVICES LLC Mailing Address Principal Place of Business 30003208 6151 MIRAMAR PARKWAY 6151 MIRAMAR PARKWAY SUITE 112 SUITE 112 MIRAMAR, FL 33025 MIRAMAR, FL 33025 3. Mailing Address 2. Principal Place of Business Suite, Apt. #\_etc. Suite, Apt. #, etc. 03022006 CR2E083 (11/05) Chg-LLC Burte City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRETT, PHILIP R Street Address (P.O. Box Number is Not Acceptable) 9111 N LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025 City 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 Fiorida. I am familiar with, and accept SIGNATURE Make check payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES - PRESIDENT IITI F ☐ Delete TITLE ☐ Change ☐ Addition BARRETT, DONNA M NAME NAME STREET ADDRESS 9111 N LAKE MIRAMAR CIRCLE STREET ADDRESS MIRAMAR, FL 33025 CITY-ST-7IP CITY-ST-7IF FORTNER ☐ Delete Addition TITLE TITLE NAME NAME N. Lake MiRAMAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED Mar 23, 2006 8:00 am

Daytime Phone #

March 10, 2006

HOME VALUE MORTGAGE SERVICES LLC 6151 MIRAMAR PARKWAY SUITE 113 MIRAMAR, FL 33025

Subject: HOME VALUE MORTGAGE SERVICES LLC

Reference Number:

L05000069503

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM ANNUAL REPORTS SECTION