

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071127

FILED
Jul 31, 2007
Secretary of State

Entity Name: HOME LOAN RESOURCE FLORIDA, LLC

Current Principal Place of Business:

1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 20-3180689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETITJEAN, CYNTHIA M
1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

TANCREDO, BETH
1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563 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: BETH TANCREDO

07/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TANCREDO, CHRISTOPHER
Address: 1306 THONOTOSASSA ROAD
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM () Delete
Name: TANCREDO, BETH M
Address: 1306 THONOTOSASSA ROAD
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETH TANCREDO

MBR

07/31/2007

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