


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90017 021 ****55.00

DOCUMENT # L05000072177	
1. Entity Name HOME RUN MORTGAGE, L.L.C.	

Principal Place of Business C/O HUGO P. ARZA, ESQ. 2665 SOUTH BAYSHORE DRIVE, SUITE 701 MIAMI, FL 33133	Mailing Address C/O HUGO P. ARZA, ESQ. 2665 SOUTH BAYSHORE DRIVE, SUITE 701 MIAMI, FL 33133
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20036600

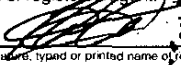


2. Principal Place of Business C/O HUGO P. ARZA, ESQ Suite, Apt. #, etc. 1768 SW 15th ST City & State MIAMI, FL Zip 33145 Country USA	3. Mailing Address C/O HUGO P. ARZA, ESQ Suite, Apt. #, etc. 1768 SW 15th ST City & State MIAMI, FL Zip 33145 Country USA
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04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3243155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARZA, HUGO P ESQ. 2665 SOUTH BAYSHORE DRIVE, SUITE 701 MIAMI, FL 33133	
7. Name and Address of New Registered Agent Name ARZA, HUGO P ESQ Street Address (P.O. Box Number is Not Acceptable) 1768 SW 15th ST City MIAMI FL 33145	

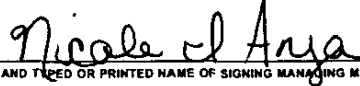
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **HUGO ARZA** (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARZA, NICOLE 2665 SOUTH BAYSHORE DRIVE, SUITE 701 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARZA, NICOLE 1768 SW 15th STREET MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Nicole Arza** DATE **4/25/06** 305-854-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #