

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081835

FILED
Jul 08, 2006
Secretary of State

Entity Name: DIRECT HOME FINANCE LLC

Current Principal Place of Business:

7343 CONSTITUTION CIR
UNIT 4
FORT MYERS, FL 33912 US

New Principal Place of Business:

8695 COLLEGE PARKWAY
300
FORT MYERS, FL 33919 US

Current Mailing Address:

7343 CONSTITUTION CIR
UNIT 4
FORT MYERS, FL 33912 US

New Mailing Address:

9246 CHESTNUT TREE LOOP
FORT MYERS, FL 33967 US

FEI Number: 20-3326051 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:

HATLEE, JEREMY J
7343 CONSTITUTION CIR
UNIT 4
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

HATLEE, JEREMY J
9246 CHESTNUT TREE LOOP
FORT MYERS, FL 33967 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:

07/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HATLEE, JEREMY J
Address: 7343 CONSTITUTION CIR #4
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HATLEE, JEREMY J
Address: 9246 CHESTNUT TREE LOOP
City-St-Zip: FORT MYERS, FL 33967 US

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: JEREMY JOSEPH HATLEE

MGRM

07/08/2006

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