

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000086434

**FILED**  
**Oct 05, 2006**  
**Secretary of State****Entity Name:** HAC MORTGAGE, LLC**Current Principal Place of Business:**2929 SW 3RD AVE  
630  
MIAMI, FL 33129 US**New Principal Place of Business:****Current Mailing Address:**2929 SW 3RD AVE  
630  
MIAMI, FL 33129R US**New Mailing Address:****FEI Number:** 20-3432650**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CABRERA, RAIMUNDO A  
199 OCEAN LANE DRIVE  
905  
KEY BISCAYNE, FL 33149 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: CABRERA, RAIMUNDO A  
Address: 199 OCEAN LANE DRIVE #905  
City-St-Zip: KEY BISCAYNE, FL 33149Title: MGR (X) Delete  
Name: PAZ, FRANCISCO  
Address: 455 S.W. 18 TERRACE  
City-St-Zip: MIAMI, FL 33129 USTitle: MGR ( ) Delete  
Name: CABRERA, YANNA M  
Address: 455 S.W. 18 TERRACE  
City-St-Zip: MIAMI, FL 33129**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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 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: RAIMUNDO A CABRERA

MGR

10/05/2006

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