
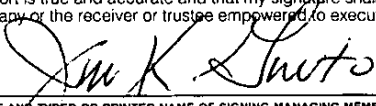


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90041 007 ****50.00

DOCUMENT # L06000092196 1. Entity Name HOME TOWN MORTGAGE SOURCE, LLC					
Principal Place of Business 600 NORTH RIVERSIDE DRIVE EDGEWATER, FL 32132			Mailing Address 600 NORTH RIVERSIDE DRIVE EDGEWATER, FL 32132		
2. Principal Place of Business - No P.O. Box # 1020 W. International Suite, Apt. #, etc. Speedway Blvd Suite 200		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Daytona Beach, FL		City & State (blank)		4. FEI Number 20-5679561	
Zip 32114	Country Volusia	Zip (blank)	Country (blank)	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNT0, L.A. JR 149 S. RIDGEWOOD AVENUE, STE 550 DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) (blank) City FL Zip Code (blank)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORNT0, JAMES K 600 NORTH RIVERSIDE DRIVE EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete			
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: 		7-5-07 386-947-4870			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
JAMES K. GORNT0					