

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110746

FILED
Jan 07, 2008
Secretary of State

Entity Name: INTEGRITY HOME FUNDING, LLC

Current Principal Place of Business:

142 W. LAKEVIEW AVENUE
SUITE 1050
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

142 W. LAKEVIEW AVENUE
SUITE 1050
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-5884248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUTZ, CHERYL A
142 W. LAKEVIEW AVENUE
SUITE 1050
LAKE MARY, FL 32746 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: MGRM () Delete
Name: FOUTZ, CHERYL A
Address: 142 W. LAKEVIEW AVENUE, SUITE 1050
City-St-Zip: LAKE MARY, FL 32746

Title: PRES () Delete
Name: SVENDSON, JAMES
Address: 142 W. LAKEVIEW AVE., SUITE 1050
City-St-Zip: LAKE MARY, FL 32746

Title: V. P () Delete
Name: FOUTZ, STEVEN
Address: 142 W. LAKEVIEW AVE., SUITE 1050
City-St-Zip: LAKE MARY, FL 32746

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 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: CHERYL A. FOUTZ

MGRM

01/07/2008

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