2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017865

Address:

City-St-Zip:

8958 NW 171 LANE

HIALEAH, FL 33018 US

Entity Name: HOME FINANCING NETWORK, LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	II LAKES DRIVE W. #201 (ES, FL 33016 US		
Current Mailing Address:		New Mailing Address:	
	1I LAKES DRIVE W. #201 IES, FL 33016 US		
FEI Number:	26-1990156 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			of New Registered Agent:
	R, BRIAN N 18 STREET KE PINES, FL 33028 US		
The above in the State	named entity submits this statement for the e of Florida.	purpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:		
	Electronic Signature of Registered Ag	gent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete WHEELER, BRIAN N 13730 NW 18 STREET PEMBROKE PINES, FL 33028 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete DALLAL, MARK 2507 OKEECHOBEE LANE FORT LAUDERDALE, FL 33312 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete HOFF, STEPHEN 1811 BEL AIR TERRACE ENCINITAS, CA 92024 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete RESIDENTIAL LENDING, SOLUTIONS, LLC 5103 LAKEWOOD DRIVE COOPER CITY, FL 33330 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () Delete GONZALEZ, FRANCISCO	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: BRIAN NEIL WHEELER MGRM 03/30/2009