

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085471

FILED
Apr 24, 2009
Secretary of State

Entity Name: HOME LOAN CRISIS CENTER LLC

Current Principal Place of Business:

3104 RIVER GROVE DR. STE 100
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3104 RIVER GROVE DR. STE 100
TAMPA, FL 33610

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKLE, SUNNIE
3104 RIVER GROVE DR. STE 100
TAMPA, FL 33610 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: KOMODO LTD CO.
Address: 5729 19TH ST.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR () Delete
Name: AJ ENTERPRISES, L.L.C.
Address: 8125 CHANNEL DR
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

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: KOMODO LTD CO

MGRM

04/24/2009

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