## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 25, 2004 8:00 am Secretary of State

DOCUMENT # L9800001674  1. Entity Name HOMEBUYERS FUNDING, LLC					Secretary of State 05-04-2004 90026 006 ****50.00
Principal Place of Business Mailing Address  101 SOUTHHALL LANE 2611 TECHNOLOGY DE SUITE 439 ORLANDO FL 32804 MAITLAND FL 32751			PR.		TORONIU NIE JOSU SAU BOM SPĖLI BŪLI DOMISTI BOMI PILITO BOMISTO JOSU VIRGO JOSU MITOR
1800 Pe	face of Business embrook Road	3. Mailing Address			
Suite, Apt. Ste 82	#. etc. "	Suite, Apt. #, etc.			MOORE CR2E083 (11/03)
City & State Orlando, FL		City & State		<del></del>	4. FEI Number 59-3531101   Applied For   Not Applicable
Ζ <sub>ip</sub> 32810	Country USA	Zip	Country	, .	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current Registered Agent STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789				Street Address	7. Name and Address of New Registered Agent  ck. Michael J  (P.O. Box Number is Not Acceptable)  orth Orange Avenue, Ste 210
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered	Orlan I office or registe	ndo FL Zip Code 32801 ared agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Michael J Gasdick Signature, typed or printed narms of registered agent and sets if applicable. (NOTE: Proputaries)				Agent signature prouve	South 4-29-04  Southern renassing)  OATE
	MANAGING MEMBI	Make Check Payab		COLUMN TO ME SECRETARY TO	
9  TITLE  NAME  STREET ADDRESS	MGR VRATANINA, JEFFREY J 1500 LEÉ RAOD	Delete	TITLE NAME	ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	ORLANDO FL 32810 MGR TEPLITSKY, IGOR	☐ Delete	CITY-S TITLE NAME	ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS 1155 S. SEMORAN BLVD., SUITE CITY-ST-ZP WINTER PARK FL 32792		1120	ÁSTREET CITY-S	ADDRESS IT-ZIP	
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP	MGR LONG, DOUGLASS F 1500 LEE RD ORLANDO FL 32810	☐ Delete	TITLE		X□ Change □ Addition  Technology Drive ando, FL 32804
NAME STREET ADDRESS CITY-ST-ZIP	ONESTE SECTO	☐ Delete	NAME	ADORESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, □ Ociete	TITLE NAME STREET CITY S	I ADORESS ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET CITY-S	TADDRESS ST-2 P	☐ Change ☐ Addition
11. I hereby indicated limited lia	certify that the information supplied wit fon this report is true and accurate an ability company or the receiver or truste	h this filing does not qualify fo d that my signature shall have se empowered to execute this	the exemithe same report as i	ption stated in S legal effect as if required by Char >	Section 119.07(3)(i), Florida Statutes. I further certify that the information i made under cath; that I am a managing member or manager of the upter 608, Florida Statutes.
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME	ng	-2		4-29-04 407-578⊕20 SENTATIVE Date Daytone Physic #