

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001113

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: HOME CONNECTS LENDING SERVICES, LLC

**Current Principal Place of Business:**

200 LAKESIDE PLAZA DRIVE, STE. 248  
HORSHAM, PA 19044

**New Principal Place of Business:**

**Current Mailing Address:**

LICENSING & REPORTING DEPT.  
100 WITMER RD., P.O. BOX 963  
HORSHAM, PA 190440963

**New Mailing Address:**

FEI Number: 25-1849412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, CAROLYN M  
Address: 200 LAKESIDE PLAZA DR STE 24B  
City-St-Zip: HORSHAM, PA 19044

Title: MGRM ( ) Delete  
Name: STENGER, THOMAS P  
Address: 4 WALNUT GROVE DR.  
City-St-Zip: HORSHAM, PA 19044

Title: MGRM ( ) Delete  
Name: BOWEN, BRUCE P  
Address: 100 WITMER RD., P.O. BOX 963  
City-St-Zip: HORSHAM, PA 190440963

Title: MGRM ( ) Delete  
Name: DALY, MICHAEL  
Address: 100 WITMER RD., P.O. BOX 963  
City-St-Zip: HORSHAM, PA 190440963

Title: MGRM ( ) Delete  
Name: PATTERSON, ROBERT H  
Address: 100 WITMER RD., P.O. BOX 963  
City-St-Zip: HORSHAM, PA 190440963

Title: MGRM ( ) Delete  
Name: TIERNEY, WILLIAM J  
Address: 100 WITMER RD., P.O. BOX 963  
City-St-Zip: HORSHAM, PA 190440963

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CASEY, WILLIAM  
Address: 4 WALNUT GROVE DR.  
City-St-Zip: HORSHAM, PA 19044

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J. DALY

MGRM

03/15/2005

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