

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001113

FILED
Apr 13, 2006
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/MANAGERS:

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

Title: MGRM () Delete
Name: CASEY, WILLIAM
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: VP (X) Change () Addition
Name: WILLIMAS, CATHY
Address: 100 WITMER RD., P.O. BOX 963
City-St-Zip: HORSHAM, PA 190440963

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 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: CATHY WILLIAMS

VP

04/13/2006

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