2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000656

Entity Name: HOMELINK MORTGAGE LLC

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

FOOT OF BROAD STREET STRATFORD, CT 06615

Current Mailing Address: New Mailing Address:

FOOT OF BROAD STREET STRATFORD, CT 06615

FEI Number: 73-1625129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 US

MANAGING MEMBERS/MANAGERS:

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

Electronic digitature of Negistered Ager

ADDITIONS/CHANGES:

itle: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 MILLROD, HARMON
 Name:
 MILLROD, HARMON

 Address:
 FOOT OF BROAD ST.
 Address:
 9 MAGNOLIA DRIVE

 City-St-Zip:
 STRATFORD, CT 06615
 City-St-Zip:
 RYE BROOK, NY 10573

Title: MGR () Delete Title: MGR (X) Change () Addition Name: PAUPECK, ALAN Name: PAUPECK, ALAN

Address: FOOT OF BROAD ST. Address: 60 SAGINAW TRAIL
City-St-Zip: STRATFORD, CT 06615 City-St-Zip: SHELTON, CT 06484

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 SHERMAN, ELIZABETH
 Name:
 SHERMAN, ELIZABETH

 Address:
 FOOT OF BROAD ST.
 Address:
 3529 LAWRENCE AVENUE

Address: FOOT OF BROAD ST. Address: 3529 LAWRENCE AVENUE
City-St-Zip: STRATFORD, CT 06615 City-St-Zip: OCEANSIDE, NY 11572

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 HAFFNER, SUSANNE
 Name:
 HAFFNER, SUSANNE

 Address:
 FOOT OF BROAD ST.
 Address:
 18 CLIPPER DRIVE

 City-St-Zip:
 STRATFORD, CT 06615
 City-St-Zip:
 NORTHPORT, NY 11768

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: ALAN PAUPECK MGR 01/12/2006