

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003145

FILED  
Feb 01, 2005  
Secretary of State

**Entity Name:** HOME MORTGAGE CORPORATION OF AMERICA, LLC

**Current Principal Place of Business:**

4000 57TH AVENUE  
SUITE 201  
GREENACRES, FL 33463

**New Principal Place of Business:**

9662 SHEPARD PLACE  
WELLINGTON, FL 33414

**Current Mailing Address:**

4000 57TH AVENUE  
SUITE 201  
GREENACRES, FL 33463

**New Mailing Address:**

9662 SHEPARD PLACE  
WELLINGTON, FL 33414

**FEI Number:** 30-0125271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

DENA, WEBSTER  
9662 SHEPARD PLACE  
WELLINGTON, FL 33414 US

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:** DENA WEBSTER

02/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WEBSTER, DENA  
**Address:** 4000 SOUTH 57TH AVENUE, SUITE 201  
**City-St-Zip:** GREENACRES, FL 33463 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WEBSTER, DENA  
**Address:** 9662 SHEPARD PLACE  
**City-St-Zip:** WELLINGTON, FL 33414 US

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:** DENA WEBSTER

MGRM

02/01/2005

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