

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003498

FILED
Apr 20, 2005
Secretary of State

Entity Name: RESIDENTIAL FACILITATORS, LLC

Current Principal Place of Business:

345 ROUSER ROAD, BLDG. NO. 5
CORAOPOLIS, PA 15108

New Principal Place of Business:

Current Mailing Address:

345 ROUSER ROAD, BLDG. NO. 5
CORAOPOLIS, PA 15108

New Mailing Address:

FEI Number: 57-1178073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: AZUR, FRANCIS H
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

Title: MGR () Delete
Name: AZUR, FRANCIS H
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

Title: CEOP (X) Delete
Name: GEFERT, MELANIE B
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

Title: MGR (X) Delete
Name: AZUR, CHRISTOPHER F
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

Title: ST (X) Delete
Name: TAYLOR, MICHELLE
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AZUR, FRANCIS H
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

Title: MGR (X) Change () Addition
Name: AZUR, CHRISTOPHER F
Address: 345 ROUSER ROAD
City-St-Zip: CORAPOLIS, PA 15108

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: RICHARD D. MANSFIELD

SVP

04/20/2005

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