2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004010

City-St-Zip: BETHESDA, MD 20814 US

Entity Name: HOMEQUEST CAPITAL FUNDING, LLC

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	_CREEK AVE TTA, GA 3002				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	_ CREEK AVE TTA, GA 3002				
FEI Number:	20-0368818	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK FL 33331 US				
The above in the State		submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING I	MEMBERS/MANA	GERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () RYAN, KEVIN J 10555 MAIN ST FAIRFAX, VA 2	., SUITE 250	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOYD, RICHAR	EEK AVE, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	. ,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRIS, DAVID	ENTER DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHJK HOLDING	ENTER DR., SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	RESIDENTIAL I	Delete FUNDING, CORPORATION	Title: Name:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: KEVIN J. RYAN MGRM 02/09/2006