

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # M03000004122

1. Entity Name

RESIDENTIAL HOME LOAN CENTERS, LLC



Principal Place of Business

1777 REISTERSTOWN RD, STE 352 EAST
BALTIMORE, MD 21208

Mailing Address

1777 REISTERSTOWN RD, STE 352 EAST
BALTIMORE, MD 21208

DO NOT WRITE IN THIS SPACE



02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

52-2292310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FLECHNER, JACK ESQ
STREET ADDRESS 1777 REISTERSTOWN RD, STE 352 EAST
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE MGR
NAME FELLER, LOUIS
STREET ADDRESS 1777 REISTERSTOWN RD, STE 352 EAST
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE MGR
NAME FEIT, GREGORY M
STREET ADDRESS 1777 REISTERSTOWN RD, STE 352 EAST
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE MGR
NAME STARKES, RAYMOND III
STREET ADDRESS 1777 REISTERSTOWN RD, STE 352 EAST
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000692409
04/13/07-80051-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LOUIS GELLER

4/5/07

Date

410.580.1999

Daytime Phone #