2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M04000000042

SUN HOME MORTGAGE, L.L.C.



Principal Place of Business

Mailing Address

9700 RESERVE BLVD. PORT SAINT LUCIE, FL 34986 901 SEMMES AVENUE MTG 1815 RICHMOND, VA 23224

FILED Mar 16, 2007 8:00 am Secretary of State

03-16-2007 90152 030 ****50.00

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03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
43-2036469		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

2-1						
.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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNTRUST LENDER MANAGEMENT, L.L.C. 901 SEMMES AVENUE MTG 1815 RICHARD, VA 23224			!		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: WWW VEWS April Wells Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE