

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 005 ***138.75

DOCUMENT # M05000002572

1. Entity Name

GREAT LAKES HOME MORTGAGE COMPANY, LLC



Principal Place of Business

516 S. WAVERLY ST.
DEARBORN MI 48124

Mailing Address

516 S. WAVERLY ST
DEARBORN MI 48124

2. Principal Place of Business - No P.O. Box #

516 S Waverly St

3. Mailing Address

516 Waverly St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dearborn MI

City & State

Dearborn MI

Zip

48124

Country

Zip

48124

Country

4. FEI Number

35-2200182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

GRATTAN, MARTHA
194 SE 36TH STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Martha Grattan

Street Address (P.O. Box Number is Not Acceptable)

5749 Flamingo Dr

City

Cape Coral

FL

Zip Code

33904

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 of person or name of registered agent and the date (required)

(NOTES: Registered Agent's signature required when filing change)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MEISTER, DAN
STREET ADDRESS 516 S. WAVERLY ST
CITY-STATE-ZIP DEARBORN MI 48124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Digitized Photo #

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