

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005475

FILED
Jan 09, 2006
Secretary of State

Entity Name: MICHIGAN HOME FINANCE LLC

Current Principal Place of Business:

2840 EAST GRAND RIVER, SUITE 5
EAST LANSING, MI 48823

New Principal Place of Business:

Current Mailing Address:

2840 EAST GRAND RIVER, SUITE 5
EAST LANSING, MI 48823

New Mailing Address:

FEI Number: 38-3576696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRACKEN, REBEKAH
1460 GULF BLVD., UNIT 12
ENGLEWOOD, FL 34223 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/MANAGERS:

Title: MGR () Delete
Name: JAKOVAC, WILLIAM
Address: 2840 EAST GRAND RIVER, SUITE 5
City-St-Zip: EAST LANSING, MI 48823

Title: MGR () Delete
Name: WATTERS, THOMAS
Address: 2840 EAST GRAND RIVER, SUITE 5
City-St-Zip: EAST LANSING, MI 48823

Title: MGR () Delete
Name: WATTERS, MICHAEL
Address: 2840 EAST GRAND RIVER, SUITE 5
City-St-Zip: EAST LANSING, MI 48823

ADDITIONS/CHANGES:

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 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.

SIGNATURE: WILLIAM JAKOVAC

MGR

01/09/2006

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