## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT ...

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M06000001038** 

1. Entity Name
NATURE COAST HOME LOANS, L.L.C.



Principal Place of Business

5165 MARINER BLVD. SPRING HILL, FL 34609 Mailing Address

5165 MARINER BLVD. SPRING HILL, FL 34609

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

03-16-2007 90152 026 \*\*\*\*50.00

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03062007 No Chg-LLC

CR2E083 (11/05)

|  | 4. FEI Number                    |  |                                   | Applied For    |
|--|----------------------------------|--|-----------------------------------|----------------|
|  | 02-0768531                       |  |                                   | Not Applicable |
|  | 5. Certificate of Status Desired |  | \$5.00 Additional<br>Fee Required |                |

6. Name and Address of Current Registered Agent

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

SIGNATURE: Houng

## 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<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                    |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MANAGING MEMBERS/MANAGERS                                                                      |                                                                    |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGR<br>SUNTRUST LENDER MANAGEMENT, L.L.C.<br>901 SEMMES AVENUE, MTG 1815<br>RICHMOND, VA 23224 |                                                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                    |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | DO NOT WRITE                                                       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | IN THIS SPACE                                                      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                    |  |  |
| 11TLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                    |  |  |
| 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. |                                                                                                |                                                                    |  |  |

Donique

Blowe, Manager