2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001655

HOME FUNDING GROUP, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

1719 ROUTE 10 EAST, SUITE 122 PARSIPPANY, NJ 07054

Mailing Address

90 GROVE STREET, SUITE 110 RIDGEFIELD, CT 06877



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0865638

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

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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 II applicable. (NOTE: Registered Agent signature required when reinstating) OATE			
Filing Fee is \$50.00 Due by May 1, 2007 U00000738232 05/11/07-80058-023 50.00			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM OLMSTEAD, KIM 1719 ROUTE 10 EAST, SUITE 122 PARSIPPANY, NJ 07054		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERPETUA, RODERICK 1719 ROUTE 10 EAST, SUITE 122 PARSIPPANY, NJ 07054		
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			
TITLE NAME STREET ADDRESS 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 empoyered poexecute this report as required by Chapter 608, Florida Statutes.			

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE