

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003722

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: GMAC MODEL HOME FINANCE, LLC

**Current Principal Place of Business:**

ONE MERIDIAN CROSSINGS SUITE 100  
MINNEAPOLIS, MN 55423

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MERIDIAN CROSSINGS, SUITE 100  
MC: 03-04-60  
MINNEAPOLIS, MN 55423

**New Mailing Address:**

FEI Number: 54-1779094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: SCHULTZ, GREGORY B  
Address: ONE MERIDIAN CROSSINGS SUITE 100  
City-St-Zip: MINNEAPOLIS, MN 55423

Title: MGR ( ) Delete  
Name: FLAVIN, DAVID  
Address: ONE MERIDIAN CROSSINGS SUITE 100  
City-St-Zip: MINNEAPOLIS, MN 55423

Title: MGR ( ) Delete  
Name: MURRAY, BRIAN  
Address: 6802 PARAGON PLACE, PARAGON PLACE II, #350  
City-St-Zip: RICHMOND, VA 23230

Title: MGR (X) Delete  
Name: FRANTA, MICHAEL J  
Address: ONE MERIDIAN CROSSINGS SUITE 100  
City-St-Zip: MINNEAPOLIS, MN 55423

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KAVIT, RONALD J  
Address: 299 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10171

Title: MGR (X) Change ( ) Addition  
Name: ARNOLD, THOMAS R  
Address: 299 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10171

Title: MGR (X) Change ( ) Addition  
Name: GRAY, LISA  
Address: 299 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10171

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ERIKA JOHNSON

MGR

03/19/2009

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