


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 043 ****50.00

DOCUMENT # M06000005567					
1. Entity Name HOMECOMINGS FINANCIAL, LLC					
Principal Place of Business 8400 NORMANDALE LAKE BLVD., SUITE 250 MINNEAPOLIS, MN 55437			Mailing Address 8400 NORMANDALE LAKE BLVD., SUITE 250 MINNEAPOLIS, MN 55437		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address One Meridian Crossings, Suite 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc. MC: 03-02-20			
City & State		City & State Minneapolis, MN		4. FEI Number 51-0369458	
Zip	Country	Zip 55423	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLSON, DAVEE L <input checked="" type="checkbox"/> Delete 8400 NORMANDALE LAKE BLVD., SUITE 250 MINNEAPOLIS, MN 55437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David M. Bricker 4 Walnut Grove Horsham, PA 19044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete APPLGATE, DAVID M 4 WALNUT GROVE DRIVE HORSHAM, PA 19044		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete WALKER, DAVID C 200 RENAISSANCE CENTER DETROIT, MI 48265		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lee M. Jacobsohn 8400 Normandale Lake Blvd., Suite 250 Minneapolis, MN 55437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>David M. Applegate</i>			February 13, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

David M. Applegate