

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004399

FILED
Apr 14, 2004
Secretary of State

Entity Name: SAWGRASS MORTGAGE & FINANCIAL, LLC

Current Principal Place of Business:

1116 N.W. 134 AVENUE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1116 N.W. 134 AVENUE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 54-2097129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTE, WILLIAM
1116 NW 134 AVENUE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

PORTE, WILLIAM D
1116 NW 134 AVENUE
SUNRISE, FL 33323 US

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: WILLIAM D. PORTE

04/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PORTE, COLLEEN
Address: 1116 NW 134 AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: PORTE, WILLIAM
Address: 1116 NW 134 AVENUE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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 D. PORTE

MGRM

04/14/2004

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