

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2005  
Secretary of State**

DOCUMENT# L03000004399

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 D  
1116 NW 134 AVENUE  
SUNRISE, FL 33323      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/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: COLLEEN F PORTE

MGRM

04/24/2005

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