

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008078

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** MAHOGANY MORTGAGES, LLC.

**Current Principal Place of Business:**

10420 SW 77 AVE STE. 201  
VILLAS OF PINECREST, FL 33156

**New Principal Place of Business:**

10717 SW 104TH STREET  
MIAMI, FL 33176

**Current Mailing Address:**

PO BOX 560204  
MIAMI, FL 33256

**New Mailing Address:**

FEI Number: 84-1619250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HENRIQUES, G.O.L.  
801 BRICKELL AVE 9TH FL  
MIAMI, FL 33131      US

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

HENRIQUES, G.O.L.  
10717 SW 104TH STREET  
MIAMI, FL 33176      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: GOL HENRIQUES

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: HENRIQUES, G.O.L.  
Address: 10420 SW 77 AVE STE. 201  
City-St-Zip: VILLAS OF PINECREST, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HENRIQUES, G.O.L.  
Address: 10717 SW 104TH STREET  
City-St-Zip: MIAMI, FL 33176

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: GOL HENRIQUES

MM

04/30/2005

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