2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90007 032 ****50.00

AUTOALICE				- Secretary of State
DOCUMENT # L03000010520				05-05-2004 90007 032 ****50.00
 Entity Nam 				
, KED DKA	IGON MORTGAGE, ELC			
Principal Place	e of Business	Mailing Address		7
2390 PINE TERRACE		1611 WEST PLATT STR	EET	
SARASOTA, F	L 34231	TAMPA, FL 33606		
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-LLC CR2E083 (10/03)
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applied by
Zip	i Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
KOEHLER	-KEITH W			
1611 WES TAMPA, FI	T PLATT STREET L 33606		Street Addres	s (P.O. Box Number is Not Acceptable)
	The second of th			
ş-1.			City	FL Zip Code
	named entity submits this statemen ions of registered agent.	it for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE	: Registered Agent signature requ	pired when remetating) DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2004		-traker	Make check payable to Florida Department of State
9	MANAGING MEN	IBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	ALLEY, EDWIN 2390 PINE TERRACE		NAME STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME CYREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		· · · · · ·	NAME	
STREET ADDRESS - CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	i	(Delete	NAME	_ Olbrigo radii.oo
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME	1	Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	•
CITY-ST-ZIP	1		CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		•	NAME STREET ADDRESS	
THEFT ADDITOR			CONTENTION INCOME	
CITY-ST-ZIP	;		CITY-ST-ZIP	,

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i), 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: AMMINI

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

128/04 941-9

741-929-7762