

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90208 009 ****55.00

DOCUMENT # L03000044167	
1. Entity Name GENEVA MORTGAGE SERVICES, LLC	

Principal Place of Business 1221 TURNER ST STE 101 CLEARWATER, FL 33756	Mailing Address 1221 TURNER ST STE 101 CLEARWATER, FL 33756
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 74-3107425	Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CANTONIS, GEORGE 1221 TURNER ST STE 101 CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reissuing)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTONIS, GEORGE 1221 TURNER ST STE 101 CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Clarke, Paige S. 1221 Turner St. Ste 101 Clearwater, FL 33756 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, DENNIS 1221 TURNER STE 101 CLEARWATER, FL 33756 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>George Cantoni, George Cantoni's</u>	Date: <u>1/4/07</u>	Daytime Phone #: <u>727-499-0311</u>
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