


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90100 034 ****50.00

DOCUMENT # L03000049441 1. Entity Name MORTGAGE PROFESSIONALS OF FL, LLC					
Principal Place of Business 1021 A RED BANKS RD GREENVILLE, NC 27858			Mailing Address 1021 A RED BANKS RD GREENVILLE, NC 27858		
2. Principal Place of Business 7815 N. Dale Mabry Hwy Suite, Apt. #, etc. Suite 208		3. Mailing Address Suite, Apt. #, etc.			
City Tampa, FL		City & State			
Zip 33614		Country USA		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALDWIN, CAMERON 4302 GUNN HWY. TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Bobby Evans Street Address (P.O. Box Number is Not Acceptable) 1246 Standridge Drive City Wesley Chapel FL Zip Code 33543		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Bobby Evans DATE 1/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, BOBBY 3900 AA7 STERLING POINTE DR. WINTERVILLE, NC 28590		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, Bobby 1246 Standridge Drive Wesley Chapel, FL 33543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDWIN, SCOTT 3204 LARKSPUR LANE GREENVILLE, NC 27858		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Bobby Evans Bobby Evans 1/10/05 (813) 931-8880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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