

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007852

FILED
Jan 08, 2008
Secretary of State

Entity Name: ONE PERCENT MORTGAGE, L.L.C.

Current Principal Place of Business:

2230 WEST BAY DR.
SUITE D
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

2230 WEST BAY DR.
SUITE D
LARGO, FL 33770

New Mailing Address:

FEI Number: 20-1537524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHN P. MARTIN, P.A.
401 SOUTH LINCOLN AVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

H.STANLEY, SOFER
2230 WEST BAY DRIVE
SUITE D
LARGO, FL 33770 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: H.STANLEY SOFER

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOFER, STANLEY H
Address: 2230 WEST BAY DR., SUITE D
City-St-Zip: LARGO, FL 33770

Title: MGR () Delete
Name: SOFER, SUSAN S
Address: 2230 WEST BAY DR., SUITE D
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOFER, SUSAN S
Address: 2230 WEST BAY DR., SUITE D
City-St-Zip: LARGO, FL 33770

Title: M (X) Change () Addition
Name: SOFER, H.STANLEY
Address: 2230 WEST BAY DR., SUITE D
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN S. SOFER

MGRM

01/08/2008

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