


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90194 022 ****50.00

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1. Entity Name
AMERICAN SAFETY MORTGAGE COMPANY, L.L.C.



Principal Place of Business
**4604 S. ATLANTIC AVE
 PONCE INLET, FL 32127**

Mailing Address
**901 SEMMES AVENUE
 MTG 1815
 RICHMOND, VA 23224**

24016156



2. Principal Place of Business
4620 S. Atlantic Avenue

3. Mailing Address
 Suite, Apt. #, etc.

01082004 Chg-LLC CR2E083 (10/03)

City & State
Ponce Inlet, FL 32127

City & State

4. FEI Number
54-2033797

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **SUNTRUST LENDER MANAGEMENT,LLC**
 STREET ADDRESS **901 SEMMES AVENUE MTG 1815**
 CITY-ST-ZIP **RICHMOND, VA 23224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: James Giaramito, Manager **2/10/04** **804 319-4317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

James Giaramito