


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 010 \*\*\*\*55.00

DOCUMENT # M01000002654					
1. Entity Name SELECT MORTGAGE GROUP LTD, LLC.					
Principal Place of Business 120 ZEAGLER DRIVE PALATKA, FL 32177 US			Mailing Address 6784 LOOP ROAD CENTERVILLE, OH 45459		
2. Principal Place of Business 13981 LAKE MAHOGANY BLVD. Suite, Apt. #, etc. #2522		3. Mailing Address 6784 LOOP ROAD Suite, Apt. #, etc.			
City & State FT. MYERS, FL		City & State CENTERVILLE, OH		4. FEI Number 31-1480758	
Zip 33907		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLS, CHARLENE L 120 ZEAGLER DRIVE PALATKA, FL 32177			7. Name and Address of New Registered Agent Name MERKEL, RODGER M. Street Address (P.O. Box Number is Not Acceptable) 13981 LAKE MAHOGANY BLVD., #2522 City FT. MYERS FL Zip Code 33907		
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 <i>Rodger M. Merkel</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 1-14-04	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR MERKEL, RODGER M 6784 LOOP ROAD CENTERVILLE, OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Rodger M. Merkel</i>				Date 1-14-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					