2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000287

1. Entity Name

3363 SEDGWICK MORTGAGE LLC



Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90182 019 ****55.00

FILED

Principal Place of Business

% WILLIAM SHERRY 700 S. OCEAN BLVD. BOCA RATON, FL 33432 Mailing Address

% WILLIAM SHERRY 700 S. OCEAN BLVD. BOCA RATON, FL 33432

60016132



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-3955114 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chainons of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERRY, MICHAEL 1700 NW 93RD TERRACE PLANTATION, FL 33322			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:

TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE

Michael Sherry 1/29/07 914 793-1793