
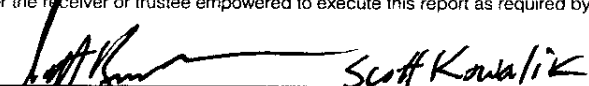


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 023 ****50.00

DOCUMENT # L03000031480							
1. Entity Name NET TRUST MORTGAGE, LLC							
Principal Place of Business 4400 N. FEDERAL HWY BOCA RATON FL 33431			Mailing Address 4400 N. FEDERAL HWY BOCA RATON FL 33431				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 11-3704611			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHENKMAN, BENJAMIN P ESQ 2160 W. ATLANTIC AVE., SECOND FLOOR DELRAY BEACH FL 33445			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004							
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS		
	President	2298 NW 35th St.					
	Yale Roth	Boca Raton, FL 33431					
	President	6110 Ridge Lane					
	Scott Kowalik	Ocean Ridge, FL 33435					
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:  Scott Kowalik			9/2/04		561-394-3838		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		