

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003098

Entity Name: PATRIOT MORTGAGE LLC

FILED  
May 16, 2005  
Secretary of State

## Current Principal Place of Business:

604-B TRUMPET PL  
CELEBRATION, FL 34747

## New Principal Place of Business:

721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741

## Current Mailing Address:

604-B TRUMPET PL  
CELEBRATION, FL 34747

## New Mailing Address:

721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741

FEI Number: 65-1178753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

REID, THOMAS B SR  
219 CELEBRATION FL  
CELEBRATION, FL 34747      US

## Name and Address of New Registered Agent:

REID, THOMAS B SR  
721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741      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: THOMAS B. REID

05/16/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: REID, THOMAS B SR  
Address: 219 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS B. REID

MGR

05/16/2005

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