

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

DOCUMENT # A05000001522

1. Entity Name
AFFILIATED MORTGAGE CONSULTANTS, LLLP



Principal Place of Business
**6544 U.S. HIGHWAY 41 NORTH, SITE 208 B
 APOLLO BEACH, FL 33572**

Mailing Address
**6544 U.S. HIGHWAY 41 NORTH, SITE 208 B
 APOLLO BEACH, FL 33572**

2. Principal Place of Business - No P.O. Box #
6544 US Hwy 41 N

Suite, Apt. #, etc.
100B

City & State
Apollo Beach FL

Zip
33572

Country
USA

3. Mailing Address
6544 US Hwy 41 N

Suite, Apt. #, etc.
100B

City & State
Apollo Beach FL

Zip
33572

Country
USA



04282008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-3321821

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PANTALEON, I. ED
 7232 SAND LAKE ROAD, SUITE 103
 ORLANDO, FL 32819**

→ Delete

7. Name and Address of New Registered Agent

Name
Leonard Vandermaast III

Street Address (P.O. Box Number is Not Acceptable)
6213 Marbella Blvd

City
APOLLO Beach

FL Zip Code
33572

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 **Leonard Vandermaast III**

DATE **4/28/08**

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, Fee will be \$900.00**

**400128734404
 05/07/08--01009--012 **500.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
P99000110103

NAME
UNITED SETTLEMENT SERVICE AFFILIATES, INC.

STREET ADDRESS
6544 U.S. HIGHWAY 41 NORTH, SITE 208 B

CITY-ST-ZIP
APOLLO BEACH, FL 33572

13. ADDRESS CHANGES ONLY

STREET ADDRESS
6544 US Hwy 41 N. S#101B

CITY-ST-ZIP
Apollo Beach FL 33572

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Leonard Vandermaast III**

DATE **4/28/08** DAYTIME PHONE # **813-645-4588**

STAPLE CHECK HERE