

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001420

FILED
Mar 25, 2004
Secretary of State

Entity Name: VERMILLION MORTGAGE, L.L.C.

Current Principal Place of Business:

3298 SUMMIT BLVD., #8A
PENSACOLA, FL 32503

New Principal Place of Business:

3298 SUMMIT BLVD., #29
PENSACOLA, FL 32503

Current Mailing Address:

3298 SUMMIT BLVD., #8A
PENSACOLA, FL 32503

New Mailing Address:

3298 SUMMIT BLVD., #29
PENSACOLA, FL 32503

FEI Number: 91-2020347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELLY, MICHELLE
1392 AUTUMN BREEZE CIR.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

NEELY, MICHELLE
1392 AUTUMN BREEZE CIR.
GULF BREEZE, FL 32563 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: MICHELLE NEELY

03/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NEELY, MICHELLE
Address: 1392 AUTUMN BREEZE CIR.
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: COOK, JAMES M
Address: 3874 PARADISE BAY
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: COOK, JAMES M
Address: 3298 SUMMIT BLVD. #29
City-St-Zip: PENSACOLA, FL 32503

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: MICHELLE NEELY

MGR

03/25/2004

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