

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 JUL -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06252004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1058353** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L00000003728			
1. Entity Name C U MORTGAGE, LLC			
Principal Place of Business 574 MARMORA AVENUE TAMPA, FL 33606		Mailing Address 574 MARMORA AVENUE TAMPA, FL 33606	
115 Margaret Street		115 Margaret Street	
2. Principal Place of Business Suite D		3. Mailing Address Suite D	
Suite, Apt. #, etc. Brandon, FL		Suite, Apt. #, etc. Brandon, FL	
City & State		City & State	
Zip 33511	Country Hillsborough	Zip 33511	Country Hillsborough

6. Name and Address of Current Registered Agent HEDGES, HARRY S 574 MARMORA AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Art Van Ast Street Address (P.O. Box Number is Not Acceptable) 23331 Red Robin Place Bradenton, FL 34202 City FL Zip Code	
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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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

June 25, 2005
DATE

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: HEDGES, HARRY S 574 MARMORA AVENUE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Members/Managers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Art Van Ast 23331 Red Robin Place Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600039536066 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/26/04--01069--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]

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

June 25, 2004
Date Daytime Phone #