


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90002 049 \*\*\*\*50.00

<b>DOCUMENT # L01000007403</b>					
1. Entity Name <b>MAXAMILLION MORTGAGE, LLC</b>					
Principal Place of Business <b>180 POINCIANA BLVD STE 4 DESTIN FL 32550</b>			Mailing Address <b>180 POINCIANA BLVD STE 4 DESTIN FL 32550</b>		
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 <b>01-0592884</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MASTERS, PAMELA R 648 OCEAN SHORE BLVD. ORMOND BEACH FL 32176</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTHORN, STEWART D PRES		NAME		
STREET ADDRESS	180 POINCIANA BLVD		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTHORN, STEWART D PRES		NAME		
STREET ADDRESS	1457 BAYTOWNE AVE E		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTHORN, DONALD L		NAME		
STREET ADDRESS	180 POINCIANA BLVD		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTON, GLYNDA G VP		NAME		
STREET ADDRESS	180 POINCIANA BLVD		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32550		CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS REYNOLDS		NAME		
STREET ADDRESS	180 POINCIANA BLVD		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Donald L. Scothorn* **Donald L. Scothorn**

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

1-23-04

Date

850-831-2337

Daytime Phone #