

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009878

FILED
Feb 06, 2004
Secretary of State

Entity Name: PREMIER MORTGAGE OF OCALA, LLC

Current Principal Place of Business:

2300 S. PINE AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2300 S. PINE AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3721389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEICHMAN, NANCY
2300 SOUTH PINE AVE.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAROSS, CAROLYN
Address: 2300 S. PINE AVENUE
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: DEICHMAN, NANCY J
Address: 2300 S PINE AVE.
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: DEICHMAN, ROBERT R
Address: 2300 S. PINE AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DEICHMAN, NANCY J
Address: 2300 S PINE AVE.
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Change () Addition
Name: DEICHMAN, ROBERT R
Address: 2300 S. PINE AVE.
City-St-Zip: OCALA, FL 34471

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: CAROLYN LAROSS

MGR

02/06/2004

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