2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90102 007 ****50.00

DOCUMENT # L01000009878

1. Entity Name
PREMIER MORTGAGE OF OCALA, LLC

Principal Place of Business	Mailing Address
2300 S. PINE AVENUE OCALA, FL 34471	2300 S. PINE AVENUE OCALA, FL 34471

2. Principal Place of Business	3. Mailing Address
1910 SW 18th Ct.	1910 SW 18th Ct.
Suite, Apt. #, etc. Bldg. 200	Suite, Apt. #, etc. Bldg. 200
City & State Ocala, FL	City & State Ocala, FL
Zip 34474 Country USA	Zip 34474 Country USA

02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3721389 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEICHMAN, NANCY 2300 SOUTH PINE AVE. OCALA, FL 34471	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LAROSS, CAROLYN	NAME	
STREET ADDRESS	2300 S. PINE AVENUE	STREET ADDRESS	1910 SW 18th Ct Bldg. 200
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, FL 34474
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DEICHMAN, NANCY J	NAME	
STREET ADDRESS	2300 S PINE AVE.	STREET ADDRESS	1910 SW 18th Ct. Bldg. 200
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, FL 34474
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DEICHMAN, ROBERT R	NAME	
STREET ADDRESS	2300 S. PINE AVE.	STREET ADDRESS	1910 SW 18th Ct Bldg. 200
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, FL 34474
TITLE	☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME		NAME	Ryder, Kenneth
STREET ADDRESS		STREET ADDRESS	1910 SW 18th Ct Bldg. 200
CITY-ST-ZIP		CITY-ST-ZIP	Ocala, FL 34474
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #