

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 025 ****50.00

DOCUMENT # L01000009878



1. Entity Name
PREMIER MORTGAGE OF OCALA, LLC

Principal Place of Business
**2300 S. PINE AVENUE
OCALA FL 34471**

Mailing Address
**2300 S. PINE AVENUE
OCALA FL 34471**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3721389**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TROW, CHESTER J
1 NE FIRST AVENUE, SUITE 303
OCALA FL 34470**

Name
NANCY J. DEICHMAN

Street Address (P.O. Box Number is Not Acceptable)
2300 SOUTH PINE AVENUE

OCALA FL

34471

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 *Nancy J. Deichman*

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

(NOTE: Registered Agent signature required when reinstating)

3-14-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-----------------------|---------------------------|----------------------------|------------------------|---------------------------------|
| MGR | LAROSS, CAROLYN | 2300 S. PINE AVENUE | OCALA FL 34471 | <input type="checkbox"/> |
| President | NANCY J. DEICHMAN | 2300 S. Pine Avenue | OCALA, FL 34471 | <input type="checkbox"/> |
| VICE PRESIDENT | ROBERT R. DEICHMAN | 2300 S. Pine Avenue | OCALA, FL 34471 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Nancy J. Deichman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(352) 732-3222
3/14/03
Date Daytime Phone #

009133

CF2E083 (10/02)