

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 017 ****50.00

DOCUMENT # L01000020903

1. Entity Name
BANKATLANTIC MORTGAGE, LLC



Principal Place of Business
**1750 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304**

Mailing Address
**1750 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304**

24064134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0144817

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

~~BALLOT, ALISSA E
4750 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304~~

Name
Daugherty, St. John
Street Address (P.O. Box Number is Not Acceptable)
1750 East Sunrise Blvd.
City
Fort Lauderdale FL Zip Code
33304

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

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

St. John Daugherty

4/19/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEVAN, ALAN
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHITE, JAMES
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

James White, Manager

4/19/04

954-760-5000

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

Date

Daytime Phone #