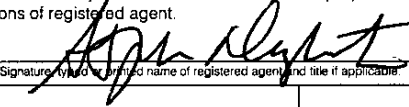
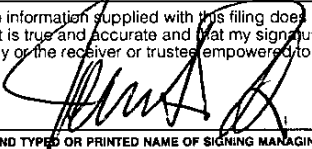


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90365 015 ****50.00

DOCUMENT # L01000020903 1. Entity Name BANKATLANTIC MORTGAGE, LLC					
Principal Place of Business 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304			Mailing Address 4750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304		
2. Principal Place of Business 2100 West Cypress Creek Rd. Suite, Apt. #, etc.		3. Mailing Address 2100 West Cypress Creek Rd. Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL Zip 33309 Country		City & State Fort Lauderdale FL Zip 33309 Country		4. FEI Number 30-0144817	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAUGHERTY, ST. JOHN 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road City Fort Lauderdale, FL Zip Code 33309		
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 4/26/05 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 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	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	
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	2100 West Cypress Creek Road Fort Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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. 4/25/05 954-760-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		