

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000068

FILED
Apr 27, 2009
Secretary of State

Entity Name: SAFE HARBOUR MORTGAGE, L.L.C.

Current Principal Place of Business:

944 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

932 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

944 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983

New Mailing Address:

932 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983

FEI Number: 60-0000775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGE, RICHARD
944 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

EDGE, JOSEPH
932 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US

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: JOSEPH EDGE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDGE, RICHARD C MGR
Address: 944 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGRM (X) Delete
Name: EDGE, JOSEPH J MGRM
Address: 944 SW BAYSHORE BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDGE, JOSEPH J MGR
Address: 932 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH EDGE

MGR

04/27/2009

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