

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                      |                                                                                   |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000000843</b><br>1. Entity Name<br><b>GUARANTEED DIRECT WHOLESALE MORTGAGES, LC</b> |  |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>900 SIXTH AVENUE SOUTH, #103<br/>NAPLES, FL 34102</b> | Mailing Address<br><b>900 SIXTH AVENUE SOUTH, #103<br/>NAPLES, FL 34102</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-LLC CR2E083 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required               |

6. Name and Address of Current Registered Agent

**BOWIE, RAYMOND J  
900 SIXTH AVENUE SOUTH, #103  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

|                                                     |                                                   |
|-----------------------------------------------------|---------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>U000000111654<br/>04/13/04-80028-005 50.00</b> |
|-----------------------------------------------------|---------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BOWIE, RAYMOND J<br/>900 6TH AVE. SOUTH #103<br/>NAPLES, FL 34102</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |

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IN THIS SPACE**

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:** Raymond J. Bowie Manager 2/16/04 239/435-1007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #