2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L02000000845 1. Entity Name DIRECT EDGE MORTGAGE, LC - Mailing Address Principal Place of Business 900 SIXTH AVENUE SOUTH, #103 900 SIXTH AVENUE SOUTH, #103 NAPLES, FL 34102 NAPLES, FL 34102 04202005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BOWIE, RAYMOND J 900 SIXTH AVENUE SOUTH, #103 NAPLES, FL 34102 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and the if applicable Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS -- 04/30/05-80122 020 50.00 **MGRM** TITLE BOWIE, RAYMOND J NAME STREET ADDRESS 900 6TH AVE #104 CITY-ST-ZIP NAPLES, FL 34102 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED