## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L02000004171

BOB MURPHY MORTGAGE GROUP, LLC

**FILED** Jan 26, 2005 08:00 AM **Secretary of State** 

Principal Place of Business 110 NE 11TH AVENUE

OCALA, FL 34470

Mailing Address

110 NE 11TH AVENUE OCALA, FL 34470



01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-3411857

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

MURPHY, ROBERT M SR. 2958 NE 7TH PLACE

## DO NOT WRITE OCALA, FL 34470 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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE	
F	iling Fee is \$50.00 Due by May 1, 2005		<u> </u>
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	MGRM MURPHY, ROBERT SR 2958 NE 7TH PL OCALA, FL 34470	H00000197117 01/26/05-80099-004 55.00	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0-05		
TITLE NAME STREET ADDRESS CITY: ST-7IP	5		

11. 1 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.