

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004925

Entity Name: PILLAR MORTGAGE, LLC.

FILED  
Jun 05, 2008  
Secretary of State

**Current Principal Place of Business:**

25 OLD KINGS RD N.  
SUITE 5A  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

25 OLD KINGS RD N.  
SUITE 5A  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 04-3631470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NIDAY, LINDA M  
20 CLARIDGE COURT, N.  
PALM COAST, FL 32137      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MOORHEAD, JOHN G  
Address: 51 MT VERNON LANE  
City-St-Zip: PALM COAST, FL 32164

Title: MGR      ( ) Delete  
Name: NIDAY, LINDA M  
Address: 20 CLARIDGE COURT N.  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

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

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: LINDA M. NIDAY

MGR

06/05/2008

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