

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023747

**FILED**  
**Jun 30, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA REGIONAL MORTGAGE LLC

**Current Principal Place of Business:**

8001 N. DALE MABRY HWY  
401B  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8001 N. DALE MABRY HWY  
401B  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 75-3080643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SWENSON, MIKE  
8001 N DALE MABRY HWY., STE 401-B  
TAMMPPA, FL 33614    US

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

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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: SWENSON, MICHAEL J  
Address: 12008 HOPE LN  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL SWENSON      MGR      06/30/2004

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