

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023747

FILED  
May 07, 2007  
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:

8870 N HIMES AVE  
412  
TAMPA, FL 33614

## Current Mailing Address:

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

## New Mailing Address:

8870 N HIMES AVE  
412  
TAMPA, FL 33614

FEI Number: 75-3080643      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:

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

## Name and Address of New Registered Agent:

SWENSON, MIKE  
8870 H HIMES AVE #412  
TAMMPPA, FL 33614      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: MIKE SWENSON

05/07/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: SWENSON, MICHAEL J  
Address: 8870 N HIMES AVE #412  
City-St-Zip: TAMPA, FL 33614

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: MIKE SWENSON

MGR

05/07/2007

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