

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