

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026084

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: 1ST CITIZEN MORTGAGE, LLC

**Current Principal Place of Business:**

12478 W. ATLANTIC BLVD.  
SUITE 108  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

12478 W. ATLANTIC BLVD.  
SUITE 108  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 82-0577034      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:**

CUPO, JEREMY D  
12478 W. ATLANTIC BLVD.  
SUITE 108  
CORAL SPRINGS, FL 33071 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: MGRM ( ) Delete  
Name: CUPO, JUSTINE  
Address: 5889 NW 120 TERRACE  
City-St-Zip: CORAL SPINGS,, FL 33076

Title: MGRM ( ) Delete  
Name: CUPO, JEREMY  
Address: 5889 NW 120 TERRACE  
City-St-Zip: CORAL SPINGS,, FL 33076

**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: JEREMY CUPO

MGRM

07/02/2007

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