

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028619

FILED
Sep 15, 2004
Secretary of State

Entity Name: INSIGHT MORTGAGE GROUP, LLC

Current Principal Place of Business:

4391 SOUTHWEST FIRST STREET
MIAMI, FL 33134

New Principal Place of Business:

20801 BISCAYNE BOULEVARD
SUITE 403
AVENTURA, FL 33180

Current Mailing Address:

4391 SOUTHWEST FIRST STREET
MIAMI, FL 33134

New Mailing Address:

20801 BISCAYNE BOULEVARD
SUITE 403
AVENTURA, FL 33180

FEI Number: 81-0578642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TRAVIS B
5028 HERON PLACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SMITH, TRAVIS B
873 NW 108TH AVENUE
PLANTATION, FL 33324 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: TRAVIS B SMITH

09/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TRAVIS, SMITH B
Address: 5028 HERON PLACE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGR () Delete
Name: MAYLIN, CASANUEVA
Address: 4391 SOUTHWEST FIRST STREET
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRAVIS, SMITH B
Address: 873 NW 108TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

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: TRAVIS B SMITH

MD

09/15/2004

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