

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032709

FILED
Apr 06, 2004
Secretary of State

Entity Name: TARTAN MORTGAGE GROUP LLC

Current Principal Place of Business:

348 N. ALEXANDER ST.
SUITE 2
MOUNT DORA, FL 32757

Current Mailing Address:

348 N. ALEXANDER ST.
SUITE 2
MOUNT DORA, FL 32757

New Principal Place of Business:

245 S. HIGHLAND ST.
SUITE 9
MOUNT DORA, FL 32757

New Mailing Address:

245 S. HIGHLAND STREET
SUITE 9
MOUNT DORA, FL 32757

FEI Number: 75-3089500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: ROBERTSON, JAMES W
Address: 348 N. ALEXANDER ST., SUITE 2
City-St-Zip: MOUNT DORA, FL 32757

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LINDSAY, JOHN E
Address: 245 S. HIGHLAND STREET SUITE 9
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Change (X) Addition
Name: ROBERTSON, JAMES W
Address: 36638 NASHUA BLVD.
City-St-Zip: SORRENTO, FL 32776

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: JOHN E. LINDSAY

MGRM

04/06/2004

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