



2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000032709 1. Entity Name TARTAN MORTGAGE GROUP LLC						<div style="text-align: center;"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 12 AM 8:47 </div>	
Principal Place of Business 245 S. HIGHLAND ST. SUITE 9 MOUNT DORA, FL 32757				Mailing Address 245 S. HIGHLAND STREET SUITE 9 MOUNT DORA, FL 32757			
2. Principal Place of Business		3. Mailing Address 40 ROBERTSON					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 36638 NASHUA BLVD.					
City & State 		City & State SORRENTO, FL					
Zip 		Zip 32776					
Country 		Country LAKE		4. FEI Number 75-3089500			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name: Lakenya J. Robertson Street Address (P.O. Box Number is Not Acceptable): 36638 NASHUA BLVD. City: Sorrento FL Zip Code: 32776			
8. 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. I am familiar with, and accept the obligations of, the registered agent.							
SIGNATURE <i>Lakenya J. Robertson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>Key Dec.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE 10/10/05 <small>DATE</small>							
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDSAY, JOHN E 245 S. HIGHLAND STREET SUITE 9 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTSON, JAMES W 36638 NASHUA BLVD. SORRENTO, FL 32776 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Lakenya J. Robertson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 10/10/05 352 406 2858 <small>Daytime Phone #</small>			