


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 23, 2004 8:00 am
Secretary of State

05-12-2004 90006 011 ****50.00

DOCUMENT # L03000001979	
1. Entity Name COMMUNITY MORTGAGE RESOURCES, LLC	

Principal Place of Business 4210 HWY. 42 NORTH SHEBOYGAN, WI 53083	Mailing Address 604 N. EIGHTH STREET PO BOX 1409 SHEBOYGAN, WI 53082-1409
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34000070



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02182004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
MAUZV, KIM 2260 BAY STREET, STE. 1 FORT MYERS, FL 33901	

7. Name and Address of New Registered Agent	
Name	Thelma J. Galler
Street Address (P.O. Box Number is Not Acceptable)	17233 Johnston Drive
City	Fort Myers FL
Zip Code	33912

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 registered agent.

SIGNATURE *Thelma J. Galler* DATE **4-28-04**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM David Clauke 604 N. Eighth Street Sheboygan, WI 53082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Dawn Rosetti 604 N. Eighth Street Sheboygan, WI 53082	
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
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: *David Clauke* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE