

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002197

FILED
Jul 23, 2007
Secretary of State

Entity Name: PRIMARY SOURCE MORTGAGE LLC

Current Principal Place of Business:

490 OPA LOCKA BLVD
SUITE 11
MIAMI, FL 33054 US

New Principal Place of Business:

780 FISHERMAN ST
SUITE 310
MIAMI, FL 33054 US

Current Mailing Address:

6418 NW 82ND AVE
PARKLAND, FL 33067 US

New Mailing Address:

FEI Number: 55-0819527 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:

MARTIN, MICHAEL O
6418 NW 82ND AVE
PARKLAND, FL 33067 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/MANAGERS:

Title: MGRM () Delete
Name: LANE, TIM
Address: 490 OPA LOCKA BLVD
City-St-Zip: MIAMI, FL 33054 US

Title: MGRM () Delete
Name: MARTIN, MICHAEL O
Address: 490 OPA LOCKA BLVD
City-St-Zip: MIAMI, FL 33067 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANE, TIM
Address: 780 FISHERMAN ST SUITE 310
City-St-Zip: MIAMI, FL 33054 US

Title: MGRM (X) Change () Addition
Name: MARTIN, MICHAEL O
Address: 780 FISHERMAN STREET SUITE 310
City-St-Zip: MIAMI, FL 33067 US

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: MICHAEL O. MARTIN

MGR

07/23/2007

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