

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004399

FILED  
Apr 14, 2004  
Secretary of State

**Entity Name:** SAWGRASS MORTGAGE & FINANCIAL, LLC

**Current Principal Place of Business:**

1116 N.W. 134 AVENUE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1116 N.W. 134 AVENUE  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 54-2097129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTE, WILLIAM  
1116 NW 134 AVENUE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

PORTE, WILLIAM D  
1116 NW 134 AVENUE  
SUNRISE, FL 33323 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: WILLIAM D. PORTE

04/14/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PORTE, COLLEEN  
Address: 1116 NW 134 AVENUE  
City-St-Zip: SUNRISE, FL 33323

Title: MGRM ( ) Delete  
Name: PORTE, WILLIAM  
Address: 1116 NW 134 AVENUE  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM D. PORTE

MGRM

04/14/2004

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