

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008928

FILED
Apr 16, 2004
Secretary of State

Entity Name: MORTGAGE CENTER OF THE AMERICAS, LLC

Current Principal Place of Business:

1500 CORDOVA RD #214C
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

1500 CORDOVA RD
SUITE 308
FT. LAUDERDALE, FL 33316

Current Mailing Address:

1500 CORDOVA RD #214C
FT. LAUDERDALE, FL 33316

New Mailing Address:

1500 CORDOVA RD
SUITE 308
FT. LAUDERDALE, FL 33316

FEI Number: 74-3083876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXIMILIEN-MILLER, JOSELLE
2650 LINCOLN ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

THOMAS, HOLLIS H
850 NW 92ND AVE
PLANTATION, FL 33324 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: HOLLIS HAYDEN THOMAS

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MAXIMILIEN-MILLER, JOELLE
Address: 2650 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Change (X) Addition
Name: THOMAS, HOLLIS H
Address: 850 NW 92ND AVE
City-St-Zip: PLANTATION, FL 33324 US

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: HOLLIS HAYDEN THOMAS

MGRM

04/16/2004

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