

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 045 ****50.00

DOCUMENT # L03000012027



1. Entity Name
C L MORTGAGE, LLC

Principal Place of Business
2200 CORPORATE BOULEVARD, N.W., SUITE 401
BOCA RATON, FL 33431

Mailing Address
2200 CORPORATE BOULEVARD, N.W., SUITE 401
BOCA RATON, FL 33431



2. Principal Place of Business
2200 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 401

3. Mailing Address
2200 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 401

03032004 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
20-0856446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country
33431 US

Zip Country
33431 US

6. Name and Address of Current Registered Agent
HCRM CORP.
2200 CORPORATE BOULEVARD, N.W., SUITE 401
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2200 NW Corporate Blvd., Suite 401
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	
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MGR
Colonial Manager, Inc.
2200 NW Corporate Blvd., Suite 401
Boca Raton, FL 33431

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: Joseph R. Cook 4/22/04 561-997-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #