

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-10-2004 90104 042 ****50.00

DOCUMENT # L03000018686 1. Entity Name COMMUNITY MORTGAGE OF FLORIDA, LLC																																					
Principal Place of Business C/O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103				Mailing Address C/O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103																																	
2. Principal Place of Business 5117 Castello Drive Suite, Apt. #, etc. Suite 2		3. Mailing Address 5117 Castello Drive Suite, Apt. #, etc. Suite 2		 MOORE CR2E083 (11/03)																																	
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 32-0077464																																	
Zip 34103		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. C/O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103				7. Name and Address of New Registered Agent Name SALVATORI & WOOD, P.L. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North, Suite 330 City Naples FL Zip Code 34103																																	
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 by C. Lane Wood, Member, Manager 2/2/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR DUDLEY, CHRISTOPHER P 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103 </td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUDLEY, CHRISTOPHER P 4501 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103		☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition														
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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 CHRISTOPHER P. DUDLEY 2/4/04 239-435-9300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																					