

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90074 034 ****50.00

DOCUMENT # L03000021203	
1. Entity Name CITYONE MORTGAGE FW INVESTMENT, LLC.	

Principal Place of Business 1925 S PERIMETER RD. STE. 130 FORT LAUDERDALE, FL 33309	Mailing Address 1925 S PERIMETER RD. STE. 130 FORT LAUDERDALE, FL 33309
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20014817



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2099070		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, HELY RAMON 1925 S PERIMETER RD. STE. 130 FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name <u>Jose I. Padial</u> Street Address (P.O. Box Number is Not Acceptable) <u>2600 S. Douglas Road PH-6</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>
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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 Jose I. Padial DATE 2-11-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADUA, JOSE 1925 S PERIMETER RD. FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, HELY RAMON 1925 S PERIMETER RD. FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/17/05

Date

9543852164

Daytime Phone #