# FILED
## Jun 10, 2004 8:00 am
## Secretary of State

04-29-2004 90066 035 ****50.00

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023967

1. Entity Name
REVERSE MORTGAGE COMPANY LLC

34008475 [redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 540 STILL MEADOWS CIRCLE<br>PALM HARBOR, FL 34683 | 540 STILL MEADOWS CIRCLE<br>PALM HARBOR, FL 34683 |

03102004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| 600 N. Thacker Ave | | Same | |
| Suite, Apt. #, etc. Suite D-58 | | Suite, Apt. #, etc. | |
| City & State Kissimmee Florida | | City & State | |
| Zip 34741 | Country USA | Zip 34741 | Country |

4. FEI Number 41-2104383 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCNICHOL, KEVIN
540 STILL MEADOWS CIRCLE
PALM HARBOR, FL 34683

**7. Name and Address of New Registered Agent**

Name Gary Burford 4005 Township Sq. Blvd # 2413
Street Address (P.O. Box Number is Not Acceptable) 600 N. Thacker Ave, Suite D-58 Orlando FL 32837
City Kissimmee FL Zip Code 34741

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

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MCNICHOL, KEVIN<br>540 STILL MEADOWS CIRCLE<br>PALM HARBOR, FL 34683 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BURFORD, GARY L<br>600 N THACKER AVE, D-58<br>KISSIMMEE, FL 34741 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: GARY BURFORD Gary Burford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-19-04 407 620-9306
Date Daytime Phone #