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2004 JUL -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027234

1. Entity Name
MORTGAGE MASTERS OF NW FL, LLC

Principal Place of Business	Mailing Address
4964 HWY 90 SUITE B PACE, FL 32571 US	4964 HWY 90 SUITE B PACE, FL 32571

04022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5807 Hwy 90	5807 Hwy 90
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State MILTON, FL	City & State MILTON, FL
Zip 32583 Country	Zip 32583 Country

4. FEI Number 90-0100749 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRICE, LAWRENCE A 629 BAYPOINT BLVD MILTON, FL 32583	Name: Price, Lawrence A. Street Address (P.O. Box Number is Not Acceptable): 1942 Baypoint Blvd City: ~~Pace~~ MILTON FL Zip Code 32583

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 [signature] Lawrence A Price
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lawrence A Price 1942 Baypoint Blvd Milton FL 32583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] Lawrence A Price 4/5/04 850-995-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #