

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028233

1. Entity Name
OMAHA MORTGAGE, LLC



Principal Place of Business
12069 SOUTH WEST 12TH STREET
PEMBROKE PINES, FL 33025

Mailing Address
12069 SOUTH WEST 12TH STREET
PEMBROKE PINES, FL 33025

FILED
05 MAR 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
320 S. FLAMINGO RD
Suite, Apt. #, etc.
101

3. Mailing Address
same

03212005 Chg-LLC CR2E083 (10/03)

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

FBI Number
61-1678965

Applied For
Not Applicable

Zip
33027

Country
FLORIDA

Zip
33027

Country
FLORIDA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, RAMON A
320 SOUTH FLAMINGO ROAD, PMB 101
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name
MARITZA ARIZA

Street Address (P.O. Box Number is Not Acceptable)
320 S. FLAMINGO RD #101

City
PEMBROKE PINES

FL

Zip Code
33027

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: *Mdgc*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3/20/05

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTILLO, RAMON A
320 S. FLAMINGO ROAD, PMB 101
PEMBROKE PINES, 33027 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARITZA ARIZA
320 S. FLAMINGO RD #101
PEMBROKE PINES, FL. 33027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900049371179
03/29/05--01060--012 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Mdgc*

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

3/21/05

Date

Daytime Phone #