


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90132 023 \*\*\*\*50.00

<b>DOCUMENT # L03000031480</b> 1. Entity Name <b>NET TRUST MORTGAGE, LLC</b>					
Principal Place of Business <b>4400 N. FEDERAL HWY BOCA RATON FL 33431</b>			Mailing Address <b>4400 N. FEDERAL HWY BOCA RATON FL 33431</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>11-3704611</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				MOORE CR2E083 (4/04)	
6. Name and Address of Current Registered Agent  <b>SHENKMAN, BENJAMIN P ESQ 2160 W. ATLANTIC AVE., SECOND FLOOR DELRAY BEACH FL 33445</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;"> <b>President</b>  <b>Yale Roth</b>  <b>2298 NW 35th St.</b>  <b>Boca Raton, FL 33431</b> </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;"> <b>President</b>  <b>Scott Kowalik</b>  <b>6110 Ridge Lane</b>  <b>Ocean Ridge, FL 33435</b> </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;">         _____          _____          _____          _____       </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;">         _____          _____          _____          _____       </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;">         _____          _____          _____          _____       </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;">         _____          _____          _____          _____       </div> <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="border: 1px solid black; padding: 5px;">         _____          _____          _____          _____       </div> <input type="checkbox"/> Delete			

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:** Scott Kowalik **9/2/04** **561-394-3838**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #