

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039761

FILED
Jan 06, 2004
Secretary of State

Entity Name: ALLAMERICAN MORTGAGE SERVICES, L.L.C.

Current Principal Place of Business:

216 PINE STREET
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

362 NW BEAL PKWY
102
FT. WALTON BEACH, FL 32548

Current Mailing Address:

216 PINE STREET
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 86-1081136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEGROTTO, JEFFREY P
216 PINE STREET
FT. WALTON BEACH, FL 32548

Name and Address of New Registered Agent:

NEGROTTO, JEFFERY P
216 PINE STREET
FT. WALTON BEACH, FL 32548

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.

SIGNATURE: JEFFERY NEGROTTO 01/06/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NEGROTTO, JEFFREY P
Address: 216 PINE STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: ROCKETT, JESSICA
Address: 216 PINE STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEGROTTO, JEFFREY P
Address: 216 PINE STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFERY NEGROTTO MGR 01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date