


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90043 025 ****50.00

DOCUMENT # L03000040634					
1. Entity Name THE MORTGAGE SOLUTION, LLC					
Principal Place of Business 335 HIBISCUS AVENUE MERRITT ISLAND, FL 32953			Mailing Address P.O. BOX 1113 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38 3691164	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY, LINDA M 285 DIANA BOULEVARD MERRITT ISLAND, FL 32953			Name LINDA M SHINPAUGH Street Address (P.O. Box Number is Not Acceptable) 285 DIANA BOULEVARD City Merritt Island FL Zip Code 32953		
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 <i>Linda M Shinpaugh</i> Linda M Shinpaugh, President 4-22-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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	MGR MAY, LINDA M 285 DIANA BOULEVARD MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shinpaugh, Linda M 285 Diana Blvd Merritt Island FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Linda M Shinpaugh</i> 4-22-04 321 986 8687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Linda m Shinpaugh, President

Attestment - 20300040634
24053948

Department of Health - Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



CFN 2004090763

03-25-2004 12:14 pm

OR Book/Page: 5237 / 3129

Scott Ellis

Clerk Of Courts, Brevard County

200400710

(APPLICATION NUMBER)

#Pgs: 1

#Names: 2

Trust: 0.00

Rec: 0.00

Serv: 0.00

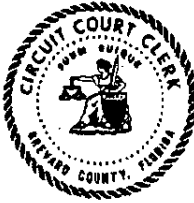
Excise: 0.00

nt Tax: 0.00

Mtg: 0.00

1. GROOM'S NAME (First, Middle, Last) JASON LEE SHINPAUGH			2. DATE OF BIRTH (Month, Day, Year) 06/01/1972		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MERRITT ISLAND		3b. COUNTY BREVARD		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) FLORIDA		5a. BRIDE'S NAME (First, Middle, Last) LINDA M. MAY		5b. MAIDEN SURNAME (If different)	
6. DATE OF BIRTH (Month, Day, Year) 04/24/1975		7a. RESIDENCE - CITY, TOWN, OR LOCATION MERRITT ISLAND		7b. COUNTY BREVARD	
7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) FLORIDA			
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) Feb. 27, 2004		
11. TITLE OF OFFICIAL Deputy Clerk			12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>		
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) Feb. 27, 2004		
15. TITLE OF OFFICIAL Deputy Clerk			15. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>		
LICENSE TO MARRY					
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.					
17. COUNTY ISSUING LICENSE Brevard County		18. DATE LICENSE ISSUED 02/27/2004		18a. DATE LICENSE EFFECTIVE 02/27/2004	
19. EXPIRATION DATE 04/27/2004		20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE Clerk of Circuit Court	
20c. BY D.C. SSS		CERTIFICATE OF MARRIAGE			
HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.					
21. DATE OF MARRIAGE (Month, Day, Year) March 6, 2004		22. CITY, TOWN, OR LOCATION OF MARRIAGE Merritt Island, FL			
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>			23c. ADDRESS (Of person performing ceremony) 4029 Song Drive, Cocoa FL 32927		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Eugene Grace Pastor, First Baptist Church of Merritt Island			24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
			25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



STATE OF FLORIDA, COUNTY OF BREVARD
I HEREBY CERTIFY that the above is a true copy of the original filed in the office of
SCOTT ELLIS, Clerk of Circuit and County Courts
Dated **MAR 10 2004** at **Merritt Island, FL**