

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042495

Entity Name: IFG MORTGAGE, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

2520 SW 22 STREET
PMB #366
MIAMI, FL 33145 US

New Principal Place of Business:

350 ALCAZAR AVE
CORAL GABLES, FL 33143 US

Current Mailing Address:

2520 SW 22 STREET
PMB #366
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 83-0374910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTUONDO, FERNANDO J
2121 PONCE DE LEON BLVD.
STE. 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

QUEVEDO, AGUSTIN R
2520 SW 22 STREET
STE. 366
MIAMI, FL 33145 US

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: A. R. QUEVEDO

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: QUEVEDO, AGUSTIN R
Address: 2520 SW 22 STREET PMB #366
City-St-Zip: MIAMI, FL 33145 US

Title: MGRM () Delete
Name: RUIZ, GONZALO A
Address: 728 VALENCIA AVE
City-St-Zip: CORAL GABLES, FL 33145 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RUIZ, GONZALO A
Address: 1401 SW 22 STREET, #606
City-St-Zip: MIAMI, FL 33145 US

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: A.R. QUEVEDO

MGR

04/27/2005

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