

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042645

FILED
Apr 25, 2008
Secretary of State

Entity Name: TRUST USA MORTGAGE BRICKELL, LLC

Current Principal Place of Business:

1550 N.E. MIAMI GARDENS DRIVE
SUITE 200
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

1160 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

Current Mailing Address:

1550 N.E. MIAMI GARDENS DRIVE
SUITE 200
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

1160 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 US

FEI Number: 27-0070306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, RON
1550 NE MIAMI GARDENS DRIVE
SUITE 200
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

DAVIDSON, RON
1160 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009 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: RON DAVIDSON

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUST U.S.A. MORTGAG, E CORP.
Address: 1550 N.E. MIAMI GARDENS DRIVE, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRUST U.S.A. MORTGAG, E CORP.
Address: 116 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRUST USA MORTGAGE CORP.

MGRM

04/25/2008

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