


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90046 005 \*\*\*\*50.00

<b>DOCUMENT # L03000044353</b>					
<b>1. Entity Name</b> LSL MORTGAGE, LLC					
<b>Principal Place of Business</b> 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103			<b>Mailing Address</b> 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03032005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 56-2419336				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH, STE. 250 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P HORNBECK, HUNTLEY JR 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM LUTGERT, SCOTT F 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GUTMAN, HOWARD B 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM BAKER, RICHARD J 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM BENZA, STEPHEN 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM WILLIAMS, MARCUS 4200 GULF SHORE BLVD. N. NAPLES, FL 34103	<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> _____		
HOWARD B. GUTMAN			Date: 4-22-05    Daytime Phone #: (239) 261-6100		