

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049441

**FILED**  
**Feb 12, 2004**  
**Secretary of State**

**Entity Name:** MORTGAGE PROFESSIONALS OF FL, LLC

**Current Principal Place of Business:**

1021 A RED BANKS RD  
GREENVILLE, NC 27858

**New Principal Place of Business:**

**Current Mailing Address:**

1021 A RED BANKS RD  
GREENVILLE, NC 27858

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KEPLER, SCOTT  
7050 HOLLOWELL DR  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: EVANS, BOBBY  
Address: 3900 AA7 STERLING POINTE DR.  
City-St-Zip: WINTERVILLE, NC 28590 US

Title: MGRM ( ) Delete  
Name: BALDWIN, SCOTT  
Address: 3204 LARKSPUR LANE  
City-St-Zip: GREENVILLE, NC 27858 US

**ADDITIONS/CHANGES:**

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

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: SCOTT BALDWIN

MGRM

02/12/2004

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