2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000050736

1. Entity Name

RESIDENTIAL MORTGAGE SERVICES OF FLORIDA, LLC



Principal Place of Business

785 CARRICK BEND CIR

#201 NAPLES, FL 34110 Mailing Address

13939 GOLD CIRCLE OMAHA, NE 68144

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90213 023 ****50.00

20031678



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
A77,981,9868 42–1663	386	Not Applicable
E. Cartificato of Status Desired	□ \$5.0	0 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NACHMAN, GARY M 374 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134

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	named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept
SIGNATURE	: Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NACHMAN, GARY M 13939 GOLD CIRCLE OMAHA, NE 68144		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		
TITLE NAME		The second secon	

11. I hereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

GARY NACHMAN

402:332-790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #