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Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90019 010 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053061

1. Entity Name
MORTGAGEPRO LLC

20037841

Principal Place of Business	Mailing Address
40 N. FEDERAL HWY. DANIA BEACH, FL 33004	40 N. FEDERAL HWY. DANIA BEACH, FL 33004

2. Principal Place of Business	3. Mailing Address
12555 Orange Dr	12555 Orange Dr
Suite, Apt. #, etc. 222	Suite, Apt. #, etc. 222
City & State Davie FL	City & State Davie FL
Zip 33330 Country	Zip 33330 Country

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1688857 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, BRETT 40 N. FEDERAL HWY. DANIA BEACH, FL 33004	Name Brett Matthews Street Address (P.O. Box Number is Not Acceptable) 12555 Orange Dr # 222 City Davie FL Zip Code 33330

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.

SIGNATURE ________ 3-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, BRETT 40 N. FEDERAL HWY. DANIA BEACH, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brett Matthews 12555 Orange Dr #222 Davie FL 33330	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ________ 3-2-05 954-605-3325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #