


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90046 048 \*\*\*\*50.00

**DOCUMENT # L04000003107**

1. Entity Name  
**CITY MORTGAGE, L.L.C**



Principal Place of Business  
**6065 NW 167 STREET, SUITE B12  
 MIAMI, FL 33015**

Mailing Address  
**6065 NW 167 STREET, SUITE B12  
 MIAMI, FL 33015**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

20040000



04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0594600**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LACOUTURE, DANIEL E  
 6065 NW 167 ST. SUITE 1312  
 MIAMI, FL 33015**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

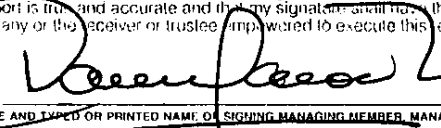
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LACOUTURE, DANIEL	
STREET ADDRESS	6065 NW 167TH ST, SUITE B12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	STRUSS, GLORIA	
STREET ADDRESS	400 KINGS POINT DR. APT. 1617	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	OSORIO, AIBA L.	
STREET ADDRESS	6065 NW 167 ST, SUITE B12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #