2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90213 010 ****55.00

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02072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000008286

1. Entity Name
BROOKSHIRE MORTGAGE, LLC

Principal Place of Business	Mailing Address
20 GRACIE RD DEBARY, FL 32713	20 GRACIE RD DEBARY, FL 32713

2. Principal Place of Business	3. Mailing Address
249 ENGLENOOK DR	P.O. BOX 530805
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEBARY FLORIDA	City & State: DEBARY FLORIDA
Zip: 32713 Country: VOLUSIA	Zip: 32753 Country: VOLUSIA

4. FEI Number: 33-1083233 — 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
KASSA, MICHAEL 20 GRACIE RD DEBARY, FL 32713 > Address change	Name: Street Address (P.O. Box Number is Not Acceptable): 249 ENGLENOOK DR City: DEBARY FL Zip Code: 32713

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: _____ 4-7-05
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	MGR KASSA, MICHAEL 20 GRACIE RD DEBARY, FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSA, Michael 249 ENGLENOOK DR DEBARY FL 32713 ☑ 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: _____ 4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #