2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 04, 2005 8:00 am DOCUMENT # L04000016502 Secretary of State D & D MORTGAGE RESOURCES, LLC 02-04-2005 90103 037 ****50.00 Mailing Address Principal Place of Business 3601 SE OCEAN BLVD. 3601 SE OCEAN BLVD. STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E083 (10/03) Chg-LLC City & State Applied For City & State 4 FEI Number Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUTCHER, STEPHEN M --Street Address (P.O. Box Number is Not Acceptable) 3601 SE OCEAN BLVD. STUART, FL 34996 City 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 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM MGRM TITLE ☑ Delete TITLE ☐ Change Addition DUTCHER, STEPHEN M Dutcher-Higginbotham & Bass, Inc. 3601 SE Ocean Blvd., Suite 101 NAME NAME 3601 SE OCEAN BLVD. STREET ADDRESS STREET ADDRESS Stuart, FL 34996 STUART, FL 34996 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition DUNCK, RODNEY O NAME NAME 185 NE EDGEWATER DRIVE, UNIT 5204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

Dutcher-Higginbotham & Bass, Inc.

SIGNATURE: SIGNATURE AND THEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

772-286-7600