

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017942

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** THE MORTGAGE STORE LLC

**Current Principal Place of Business:**

532 PELICAN KEY  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

525 ATLANTIC BLVD  
SUITE 4  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

532 PELICAN KEY  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

525 ATLANTIC BLVD  
SUITE 4  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 54-2146202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYHEW, JOSEPH A  
446 CONRADI ST  
C205  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MAYHEW, JOSEPH A  
Address: 446 CONRADI ST #C205  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: MGRM ( ) Delete  
Name: MAYHEW, DEBORAH  
Address: 1894 SELVA MARINA DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JOSEPH A MAYHEW

MGRM

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date