

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022359

FILED
Feb 05, 2007
Secretary of State

Entity Name: CAPITAL MORTGAGE SOLUTIONS, LLC

Current Principal Place of Business:

2905 CORINTHIAN AVENUE
SUITE 4
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2905 CORINTHIAN AVENUE
SUITE 4
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 73-1700363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: MGRM () Delete
Name: HAYES, JAMES F PRESCEO
Address: 4834 ARAPAHOE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: ALEXANDER, CAROLYN K SECTREA
Address: 4834 ARAPAHOE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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 Chapter 119, 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: JAMES F HAYES

PRES

02/05/2007

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