8/5/2005-

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-05-2005 90034 039 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024808

1. Entity Name
FUTURE SAVINGS MORTGAGE, LLC

Principal Place of Business	Mailing Address
2327 HARDY PKWY GROVE CITY, OH 43123	2327 HARDY PKWY GROVE CITY, OH 43123

07212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4310 Metro Pkwy	492 S. Third St
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.:
City & State: Fort Myers FL	City & State: Columbus OH
Zip: 33906 Country: Lee	Zip: 43215 Country: Franklin

4. FEI Number: 51-0502608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, JANE Y
2375 TAMIAMI TRAIL NORTH #310
NAPLES, FL 34103

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 [signature] President 7-22-05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERRIS, MICHAEL J 2327 HARDY PKWY GROVE CITY, OH 43123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Michael Ferris ~~4310 Metro Pkwy~~ 492 S Third St Columbus, OH 43215	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SWART, JASON 2327 HARDY PKWY GROVE CITY, OH 43123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jason Swart 492 S. Third St Columbus, OH 43215	☒ 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
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

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] 7-22-05 614-228-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PAID
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