

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90124 022 \*\*\*\*50.00

<b>DOCUMENT # L04000035447</b> 1. Entity Name <b>GOLD KEY MORTGAGE, LLC.</b>																																																																																					
Principal Place of Business <b>18514 U.S. HIGHWAY 19 NORTH SUITE <del>200</del> E CLEARWATER, FL 33764</b>			Mailing Address <b>18514 U.S. HIGHWAY 19 NORTH SUITE <del>200</del> E CLEARWATER, FL 33764</b>																																																																																		
2. Principal Place of Business Suite/Apt. #, etc. <b>E</b>		3. Mailing Address Suite/Apt. #, etc. <b>E</b>		04262005 Chg-LLC CR2E083 (10/03)																																																																																	
City & State		City & State		4. FEI Number <b>20-1109392</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>																																																																																	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																	
6. Name and Address of Current Registered Agent  <b>DRESLIN FINANCIAL SERVICES, INC. 7985 113TH STREET SUITE 220 SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code <b>FL</b>																																																																																	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>DAVID WERNER, PRES</b></td> <td><b>18514 US 19 N, #E</b></td> <td><b>CLEARWATER, FL 33764</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>DAVID WERNER, PRES</b>	<b>18514 US 19 N, #E</b>	<b>CLEARWATER, FL 33764</b>	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
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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.																																																																																					
<b>SIGNATURE:</b>				<b>4-14-05</b>																																																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>																																																																																					