


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90102 027 \*\*\*138.75

<b>DOCUMENT # L04000041791</b>	
1. Entity Name OLD FLORIDA HOLDINGS, LLC	

Principal Place of Business 19183 S.E. JUPITER RIVER DRIVE JUPITER, FL 33458	Mailing Address 19183 S.E. JUPITER RIVER DRIVE JUPITER, FL 33458
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**50002998**

2. Principal Place of Business - No P.O. Box # 1340 US Highway 1	3. Mailing Address 1340 US Highway 1
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102




04102008 Chg-LLC CR2E083 (12/06)

City & State Jupiter, FL	City & State Jupiter, FL
Zip 33469	Country USA
Zip 33469	Country USA

4. FEI Number 20-1255207	Applied For Not Applicable
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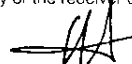
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAWKINS, WILLIAM E JR 19183 S.E. JUPITER RIVER DRIVE JUPITER, FL 33458		Name William E. Hawkins, Jr. Street Address (P.O. Box Number is Not Acceptable) 1340 US Highway 1 #102 City Jupiter FL Zip Code 33469	

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 	DATE <u>4/10/08</u>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALM COAST MORTGAGE FUNDING, INC. 19183 S.E. JUPITER RIVER DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William E. Hawkins, Jr. 1340 US Highway 1 #102 Jupiter, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  William E. Hawkins Jr.	DATE <u>4/10/08</u>