

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053014

FILED
Sep 06, 2005
Secretary of State

Entity Name: MORTGAGE ASSOCIATES OF JACKSONVILLE, LLC

Current Principal Place of Business:

2054 RIVERSIDE AVENUE
7312
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

2054 RIVERSIDE AVENUE
2106
JACKSONVILLE, FL 32204 US

Current Mailing Address:

PO BOX 40345
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 02-0726795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, KIMBERLY N
2054 RIVERSIDE AVENUE
7312
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

JACKSON, KIMBERLY N
2054 RIVERSIDE AVENUE
2106
JACKSONVILLE, FL 32204 US

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:

09/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACKSON, KIMBERLY N
Address: 2054 RIVERSIDE AVENUE SUITE 7312
City-St-Zip: JACKSONVILLE, FL 32204 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACKSON, KIMBERLY N
Address: 2054 RIVERSIDE AVENUE SUITE 2106
City-St-Zip: JACKSONVILLE, FL 32204 US

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: KIMBERLY N JACKSON

MGR

09/06/2005

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