

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055814

FILED  
May 17, 2008  
Secretary of State

Entity Name: PREFERRED MORTGAGE, LLC

## Current Principal Place of Business:

17 COLD SPRING CT  
PALM COAST, FL 32137

## New Principal Place of Business:

300 BELLA HARBOR CT #113  
PALM COAST, FL 32137

## Current Mailing Address:

17 COLD SPRING CT  
PALM COAST, FL 32137

## New Mailing Address:

300 BELLA HARBOR CT #113  
PALM COAST, FL 32137

FEI Number: 54-2095847      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:

KEVIN, PFOST  
17 COLD SPRING CT  
PALM COAST, FL 32137      US

## Name and Address of New Registered Agent:

KEVIN, PFOST  
300 BELLA HARBOR CT # 113  
PALM COAST, FL 32137      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: KEVIN PFOST

05/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PFOST, KEVIN  
Address: 17 COLD SPRING CT  
City-St-Zip: PALM COAST, FL 32137

Title: MGR      ( ) Delete  
Name: DETTMAN, JOSHUA T  
Address: 335 NEEDLES TRAIL  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: PFOST, KEVIN  
Address: 300 BELLA HARBOR CT # 113  
City-St-Zip: PALM COAST, FL 32137

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN PFOST

MGR

05/17/2008

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