

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90042 011 ****50.00

DOCUMENT # L04000076874

1. Entity Name
FINANCIAL LOAN CENTER, LLC



Principal Place of Business
**3031 GEIGER COURT
CLEARWATER, FL 33761**

Mailing Address
**P.O. BOX 1144
LARGO, FL 33779**

20016089



2. Principal Place of Business

3. Mailing Address

3031 GEIGER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State

City & State
CLEARWATER, FL

4. FEI Number
56-2485472

Applied For

Not Applicable

Zip

Country

Zip

33761

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENNINGS, MARY L
3031 GEIGER COURT
CLEARWATER, FL 33761**

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

Mary L. Pennings **MARY L. PENNINGS**

2/22/05

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMMA HOLDINGS, LLC
3031 GEIGER COURT
CLEARWATER, FL 33761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EASON, JOSEPH
4230 31ST. ST. SO.
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLORIDA OFFSHORE, LLC
3077 DOXBERRY CT.
CLEARWATER, FL 33761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

Mary L. Pennings **MARY PENNINGS**

2/22/05

727-543-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #