2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2008
Secretary of State

DOCUMENT# L05000009571

Entity Name: POINT-LESS MORTGAGE GROUP, LLC

Current Principal Place of Business:

684 OLEAN CT.
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

684 OLEAN CT.
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-3796638 **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:

NEWMAN, LISA J
389 LAKEPARK TRAIL
OVIEDO,, FL 32765 US

Name and Address of New Registered Agent:

NEWMAN, LISA J
684 OLEAN CT
WINTER SPRINGS, FL 32708 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: LISA J NEWMAN 05/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEWMAN, LISA J
Address: 389 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR ( ) Delete
Name: ORIHUELA, ANTHONY J
Address: 4778 BROOKHAVEN ST
City-St-Zip: COCOA, FL 32927 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEWMAN, LISA J
Address: 684 OLEAN CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: LISA J NEWMAN MGR 05/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date