

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 016 ****50.00

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1. Entity Name
E-MORTGAGE OPTIONS, LLC



Principal Place of Business
1700 63RD AVE., SOUTH
ST PETERSBURG, FL 33712

Mailing Address
1700 63RD AVE., SOUTH
ST PETERSBURG, FL 33712

2. Principal Place of Business
111 2ND AVE NE
Suite, Apt. #, etc.
SUITE 537

3. Mailing Address
(SAME AS ABOVE)

City & State
ST PETERSBURG, FL

City & State

Zip
33701 Country
FLORIDA

Zip

Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2172158

Applied For
Not Applicable

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

McFARLANE, HUGH
1700 63RD AVE., SOUTH
ST PETERSBURG, FL 33712

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

HUGH MCFARLANE, MGRM

4/5/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCFARLANE, HUGH
1700 63RD AVE., SOUTH
ST PETERSBURG, FL 33712 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

HUGH MCFARLANE, MGRM

4/5/06

727-867-8807

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

Date

Daytime Phone #