

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90140 013 ***138.75

DOCUMENT # L05000014919

1. Entity Name
RAIN TREE MORTGAGE GROUP, LLC



Principal Place of Business
**2 FLORIDA PARK DR. N,
PALM COAST, FL 32137**

Mailing Address
**2 FLORIDA PARK DR. N,
PALM COAST, FL 32137**

60010604



02192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2346407

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEWERS, FRED W
STREET ADDRESS	8 CARLOS COURT
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	MGR
NAME	DELGADO, LOUIS
STREET ADDRESS	19 S. CLARENDON COURT
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	MGR
NAME	ANDERSON, THOMAS R
STREET ADDRESS	31 ROEBLING ROAD
CITY - ST - ZIP	BERNARDSVILLE, NJ 079241409
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

2/22/08

Date

386-445-7000

Daytime Phone #