


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90324 042 ****50.00

DOCUMENT # L05000034221 1. Entity Name G GROUP MORTGAGE LLC			
Principal Place of Business 1801 E COLONIAL DRIVE 211 ORLANDO, FL 32803 US		Mailing Address 1801 E COLONIAL DRIVE 211 ORLANDO, FL 32803 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 1310 W. COLONIAL DR. STE 14		Suite, Apt. #, etc. 1310 W. COLONIAL DR. STE 14	
City & State ORLANDO, FL.		City & State ORLANDO, FL.	
Zip 32804		Country US	
4. FEI Number 20-2641021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTRAL FLORIDA FINANCIAL SERVICES LLC 1119 BARBADOS AVE ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name ALCIDES GONZALEZ JR. Street Address (P.O. Box Number is Not Acceptable) 1310 W. COLONIAL DR. STE 14 City ORLANDO FL Zip Code 32804	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title, as applicable.</small>		DATE 4/04/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, ALCIDES JR 3833 IRONWEDGE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1310 W. COLONIAL DR. STE 14 ORLANDO, FL. 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO, LORELL 3833 IRONWEDGE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1310 W. COLONIAL DR. STE 14 ORLANDO, FL. 32804
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/4/07 Daytime Phone # 407-362-1877	