2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000041190

1. Entity Name

FIRST FLORIDA FINANCIAL MORTGAGE LLC

FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904

Mailing Address

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

4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904



03192007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 20-2702448

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

8. Name and Address of Current Registered Agent

PARSIS, ROBERT 4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the purpose of chan the obligations of registered agent.		nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	lling Fee is \$50.00 ue by May 1, 2007		U00000696842 04/18/07-80016-003 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM PARSIS, ROBERT 4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, ROBERT A JR 4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE			NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN I	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exerctions contained in Chapter 119 hall have the same legal effect as if made under oa cute this record as required by Chapter 608. Florida	Florida Statutes. I further certify that the information th; that I am a managing member or manager of the Statutes.