

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052712

FILED
Jan 25, 2007
Secretary of State

Entity Name: INFINITY MORTGAGE GROUP, LLC

Current Principal Place of Business:

14238 CORKWOOD LANE
ASTATULA, FL 34705 US

New Principal Place of Business:

Current Mailing Address:

14238 CORKWOOD LANE
ASTATULA, FL 34705 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEATHER PERKINS
204 FOREST PARK LANE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

QUICKBOOKS SOLUTIONS, INC
713 N. 14TH STREET, #204
LEESBURG, FL 34748 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: HEATHER PERKINS

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENEVIDES & ASSOCIAT, ES, LLC
Address: 14238 CORKWOOD LANE
City-St-Zip: ASTATULA, FL 34705 US

Title: MGRM () Delete
Name: GARCIA, STEPHANIE M
Address: 5043 MYRTLE BAY DR
City-St-Zip: ORLANDO, FL 32829 US

Title: MGRM () Delete
Name: GILLINGHAM, KATHRYN G
Address: 10305 KENNEBEC CT
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETE BENEVIDES

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date