

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093317

FILED
Sep 18, 2009
Secretary of State

Entity Name: SOUTHBAY MORTGAGE GROUP, L.L.C.

Current Principal Place of Business:

12671 EMERALD COAST PARKWAY
#217-7
DESTIN, FL 32550

New Principal Place of Business:

12671 EMERALD COAST PARKWAY
#217-6
DESTIN, FL 32550

Current Mailing Address:

12671 EMERALD COAST PARKWAY
#217-7
DESTIN, FL 32550

New Mailing Address:

12671 EMERALD COAST PARKWAY
#217-6
DESTIN, FL 32550

FEI Number: 20-3463747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FREY, HARRY
8 ELVENTH ST.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRELL, JULIE LYNN
Address: 1621 N CO HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: FREY, HARRY JOSEPH
Address: 8 ELEVENTH STREET
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

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 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: JULIE LYNN MORRELL

MNGR

09/18/2009

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