

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112416

FILED
Apr 27, 2007
Secretary of State

Entity Name: PROVIDENT MORTGAGE GROUP, LLC

Current Principal Place of Business:

2441 E FT KING ST
STE 201
OCALA, FL 34471

New Principal Place of Business:

1576 BELLA CRUZ DR
#108
THE VILLAGES, FL 32159

Current Mailing Address:

2441 E FT KING ST
STE 201
OCALA, FL 34471

New Mailing Address:

PO BOX 830519
OCALA, FL 34483

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, S
2441 E FT KING ST STE 201
OCALA, FL 34471 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LAXAHATCHEE, FL 33470 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: S WILLIAMS

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, S M
Address: 2441 E FT KING ST STE 201
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: WILLIAMS, A D
Address: 2441 E FT KING ST STE 201
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, S M
Address: PO BOX 830519
City-St-Zip: OCALA, FL 34483

Title: MGRM (X) Change () Addition
Name: WILLIAMS, A D
Address: PO BOX 830519
City-St-Zip: OCALA, FL 34483

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: S WILLIAMS

MRM

04/27/2007

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