

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000120823 1. Entity Name THE BARRISTER MORTGAGE GROUP, LLC.					
Principal Place of Business 610 NW 183 STREET, SUITE 202 MIAMI GARDENS, FL 33169			Mailing Address 610 NW 183 STREET, SUITE 202 MIAMI GARDENS, FL 33169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-3975878				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BARRISTER LAW OFFICES, P.A. 610 NW 183RD STREET SUITE 202 MIAMI GARDENS, FL 33169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 BENJAMIN, CARLEEN E 610 NW 183 STREET, SUITE 202 MIAMI GARDENS, FL 33169	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENJAMIN, CHRISTOPHER 610 NW 183RD STREET STE 202 MIAMI GARDENS, FL 33169	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 609, Florida Statutes.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	