



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90132 003 ***138.75

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| DOCUMENT # L05000121396 | |  | |
| 1. Entity Name ALLIED MORTGAGE, LLC | | Principal Place of Business 100 WEST PLANT ST. WINTER GARDEN, FL 34777 | |
| 2. Principal Place of Business - No P.O. Box # <i>855 EAST PLANT ST</i> Suite, Apt. #, etc. <i>SUITE 1700</i> | | 3. Mailing Address <i>855 EAST PLANT ST</i> Suite, Apt. #, etc. <i>SUITE 1700</i> | |
| City & State <i>WINTER GARDEN FL</i> | | City & State <i>WINTER GARDEN FL</i> | |
| Zip <i>34787</i> | Country <i>USA</i> | Zip <i>34787</i> | Country <i>USA</i> |
| 6. Name and Address of Current Registered Agent BRADFORD, WADE 100 WEST PLANT ST. WINTER GARDEN, FL 34777 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>855 EAST PLANT ST</i> <i>SUITE 1700</i> City <i>WINTER GARDEN</i> FL Zip Code <i>34787</i> | |
| 4. FEI Number 57-1225465 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BRADFORD, WADE 100 WEST PLANT ST. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>855 EAST PLANT ST</i> <i>SUITE 1700</i> <i>WINTER GARDEN FL 34787</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | |
| SIGNATURE:  | | M. WADE BRADFORD <i>7/1/08</i> #07-656-6397 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |