

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000017319

FILED
Aug 13, 2008
Secretary of State**Entity Name:** FIDELITY FINANCIAL MORTGAGE LLC**Current Principal Place of Business:**9000 SHERIDAN ST
STE 94
PEMBROKE PINES, FL 33024**New Principal Place of Business:**9000 SHERIDAN ST
STE 109
PEMBROKE PINES, FL 33024**Current Mailing Address:**9000 SHERIDAN ST
STE 94
PEMBROKE PINES, FL 33024**New Mailing Address:**9000 SHERIDAN ST
STE 109
PEMBROKE PINES, FL 33024**FEI Number:** 13-4321317**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBLES, JUAN C
15575 NW 12TH PL
PEMBROKE PINES, FL 33028 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: ROBLES, JUAN C
Address: 15575 NW 12TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33028Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: PRICKETT, CRAIG S
Address: 15227 SW 33 STREET
City-St-Zip: DAVIE, FL 33331

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: JUAN C ROBLES

MGRM

08/13/2008

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