

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018839

FILED
Mar 27, 2008
Secretary of State

Entity Name: INVESTORS MORTGAGE CAPITAL, LLC

Current Principal Place of Business:

1303 N ORANGE AVE
ORLANDO, FL 32804 US

New Principal Place of Business:

2550 TECHNOLOGY DRIVE
201
ORLANDO, FL 32804 US

Current Mailing Address:

1303 N ORANGE AVE
ORLANDO, FL 32804 US

New Mailing Address:

2550 TECHNOLOGY DRIVE
201
ORLANDO, FL 32804 US

FEI Number: 20-4363347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUATRALE, MICHELLE
1303 N ORANGE AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

QUATRALE, MICHELLE
2550 TECHNOLOGY DRIVE
201
ORLANDO, FL 32804 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: MICHELLE QUATRALE

03/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARRETT, JOHN E
Address: 1303 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

Title: MGR (X) Delete
Name: ROBINSON, MARY C
Address: 1303 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PARRETT, JOHN E
Address: 2550 TECHNOLOGY DR, SUITE 201
City-St-Zip: ORLANDO, FL 32804

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: JOHN PARRETT

MGR

03/27/2008

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