2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

								-/		
DOCUMENT # L06000030100 1. Entity Name MY OLD KENTUCKY HOME MORTGAGE, LLC							04-23-200	_		50.00
Principal Place of Business 1012 CATALPA LANE 0RLANDO, FL 32806 Mailing Address 1012 CATALPA LANE 0RLANDO, FL 32806 ORLANDO, FL 32806							: 	II NEIGH LIILE ANIR	KB La K 	RTL (1)) (OB)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172007	Chg-LLC	CR2E08:	3 (12/06)	
City & State			City & State			4. FEI Numb	20-455	0465		plied For t Applicable
Zíp	Country		Zip	Country	y 	<u> </u>	of Status Desired	i Fi	5.00 Add ee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ag	jent	
_					Name					
DRAVES, DONNA L ESQ. 120 EAST CONCORD STREET ORLANDO, FL 32801			Street		Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
(1) (4) (4)			City					FL	Zip Code	
	named entity ions of regist		r the purpose of changing its	registered	d office or registe	red agent, or bo	oth, in the State of Flo	orida. I am fai	miliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered A	Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Fiorida Department of State			
	iling Fee i	s \$50.00								•
Di	iling Fee i	s \$50.00 y 1, 2007	RS/MANAGERS	10.			Florida	a Departmer		•
	iling Fee i	s \$50.00		10. ITILE	<u> </u>			a Department /CHANGES		Addition
9.	iling Fee i ue by May	MANAGING MEMBE	RS/MANAGERS	-1			Florida	a Department /CHANGES	nt of State	
9. TITLE	MGR DAVIE, JO	MANAGING MEMBE		TITLE NAME	ADDRESS		Florida	a Department /CHANGES	nt of State	
9. TITLE NAME	MGR DAVIE, JO	S \$50.00 y 1, 2007 MANAGING MEMBE		TITLE NAME	1		Florida	a Department /CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGR DAVIE, JO	S \$50.00 y 1, 2007 MANAGING MEMBE DHN L ALPA LANE		TITLE NAME STREET	1		Florida	a Departmen	nt of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR DAVIE, JO	S \$50.00 y 1, 2007 MANAGING MEMBE DHN L ALPA LANE	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	1		Florida	a Departmen	nt of State	Addition
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11. I hereby certify that the information supplied with this filling 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 series of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/07

402/574-2836