

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045048

Entity Name: ANCLOTE MORTGAGE LLC

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

27 W. TARPON AVE.
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2268
TARPON SPRINGS, FL 346882268 US

New Mailing Address:

FEI Number: 20-4801472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLIRIS, ANNA T
1703 SUNKISSED DRIVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

BILLIRIS, ANNA T
1610 TREASURE DRIVE
TARPON SPRINGS, FL 34689 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: ANNA T BILLIRIS

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BILLIRIS, ANNA T
Address: 1703 SUNKISSED DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM () Delete
Name: BILLIRIS, GEORGE J
Address: 1703 SUNKISSED DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BILLIRIS, ANNA T
Address: 1610 TREASURE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM (X) Change () Addition
Name: BILLIRIS, GEORGE J
Address: 1610 TREASURE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: ANNA T. BILLIRIS/MANAGING MEMBER

MRS.

03/31/2008

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