

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045469

FILED
Apr 29, 2009
Secretary of State

Entity Name: MORTGAGE SAVERS REALTY, LC

Current Principal Place of Business:

11 N. SUMMERLIN AVE
SUITE 100
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

11 N. SUMMERLIN
SUITE 100
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 03-0589295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARONOFF, LEONARD
2110 FREDRICA DRIVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

MARK, FREDRICKSON
11 N. SUMMERLIN AVE
100
ORLANDO, FL 32801 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: MARK FREDRICKSON

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRANCIS, BRUCE L
Address: 5135 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: SHAQAREQ, DANIEL
Address: 5031 WINCHESTER DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: SMGR () Delete
Name: GRANT, RICARDO
Address: 9105 PLANTATION LAKES
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK FREDRICKSON

M

04/29/2009

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