

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056637

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: NAUTILUS MORTGAGE GROUP, LLC

**Current Principal Place of Business:**

12863 DEVONSHIRE LAKES CR  
FT. MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12863 DEVONSHIRE LAKES CR  
FT. MYERS, FL 33913

**New Mailing Address:**

FEI Number: 03-0603755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOODY, RYAN P  
8325 BIG ACORN CIRCLE #801  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

BOODY, RYAN P  
12863 DEVONSHIRE LAKES CIRCLE  
FT. MYERS, FL 33913 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: RYAN P. BOODY

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOODY, RYAN P  
Address: 8325 BIG ACORN CIRCLE #801  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOODY, RYAN P  
Address: 12863 DEVONSHIRE LAKES CIRCLE  
City-St-Zip: FT. MYERS, FL 33913

Title: SECY ( ) Change (X) Addition  
Name: BOODY, NATALIE S  
Address: 12863 DEVONSHIRE LAKES CIRCLE  
City-St-Zip: FT. MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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: NATALIE S. BOODY

SECY

01/10/2007

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