

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077431

FILED
Apr 25, 2007
Secretary of State

Entity Name: CINCINNATI MORTGAGE, LLC

Current Principal Place of Business:

4700 DUKE DRIVE
SUITE 110
MASON, OH 45040 US

Current Mailing Address:

P.O. BOX 463
MASON, OH 45040

New Principal Place of Business:

8695 COLLEGE PARKWAY
SUITE 444
FORT MYERS, FL 33919 US

New Mailing Address:

8695 COLLEGE PARKWAY
SUITE 444
FORT MYERS, FL 33919

FEI Number: 20-5363519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURRESS, WILLIAM L III
Address: 4700 DUKE DRIVE, SUITE 110
City-St-Zip: MASON, OH 45040 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURRESS, WILLIAM L III
Address: 8695 COLLEGE PARKWAY, SUITE 444
City-St-Zip: FT. MYERS, FL 33919 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: WILLIAM L. BURRESS, III

MGRM

04/25/2007

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