



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 13, 2007 8:00 am
Secretary of State

02-16-2007 90180 023 ****50.00

DOCUMENT # L06000105219 1. Entity Name WATERFORD MORTGAGE, LLC					
Principal Place of Business 4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217			Mailing Address 4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-5796546</div>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02132007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent NEACE & ASSOCIATES, P.A. 4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANE HOLDINGS, LLC 4209 BAYMEADOWS ROAD, SUITE 3 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 2/17/07 Daytime Phone #: 904-854-6330		

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