2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 02, 2007 8:00 am
Secretary of State

03-21-2007 90160 044 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000113442

1. Entity Name

FLORIDA GULF MORTGAGES LLC

Principal Place of Business	Mailing Address
25073 EAST MARION AVENUE PUNTA GORDA FL 33950	~~25073~~ 25188 EAST MARION AVENUE, V-9 PUNTA GORDA FL 33950

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		25188 E. Marion Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. V-9	
City & State		City & State Punta Gorda, FL	
Zip	Country	Zip 33950	Country Charlotte

4. FEI Number 22-3947635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name John D. Graff Street Address (P.O. Box Number is Not Acceptable) 25188 E. Marion Ave, V-9 # City Punta Gorda FL Zip Code 33950

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAFF, JOHN D ~~25073 EAST MARION AVENUE~~ 25188 E. Marion V9 PUNTA GORDA FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John D. Graff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #