

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113684

Entity Name: AXEN MORTGAGE, LLC

FILED
Feb 15, 2007
Secretary of State

Current Principal Place of Business:

18851 NE 29 AVE., 7TH FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

900 W 49TH ST
518
HIALEAH, FL 33012 US

Current Mailing Address:

18851 NE 29 AVE., 7TH FLOOR
AVENTURA, FL 33180

New Mailing Address:

900 W 49TH ST
SUITE 518
HIALEAH, FL 33012 US

FEI Number: 51-0572228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, NOLAN
19390 COLLINS AVENUE, APT. 1402
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

DIAZ, NOLAN
11001 W OKEECHOBEE ROAD
202
HIALEAH GARDENS, FL 33018 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: NOLAN DIAZ

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DIAZ, NOLAN
Address: 19390 COLLINS AVENUE, APT. 1402
City-St-Zip: SUNNY ISLES, FL 33160

Title: V () Delete
Name: FERNANDEZ, JESUS
Address: 19390 COLLINS AVENUE, APT. 1402
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DIAZ, NOLAN
Address: 11001 W OKEECHOBEE RD
City-St-Zip: HIALEAH, FL 33160 US

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

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: NOLAN DIAZ

P

02/15/2007

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