

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122457

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: SEAROCK MORTGAGE, LLC.

## Current Principal Place of Business:

13701 NORTH NEBRASKA AVENUE  
SUITE 101  
TAMPA, FL 33613

## New Principal Place of Business:

13153 N. DALE MABRY HWY  
SUITE 120  
TAMPA, FL 33618

## Current Mailing Address:

13701 NORTH NEBRASKA AVENUE  
SUITE 101  
TAMPA, FL 33613

## New Mailing Address:

13153 N. DALE MABRY HWY  
SUITE 120  
TAMPA, FL 33618

FEI Number: 20-8103237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULLUCK, ROBERT A  
13701 NORTH NEBRASKA AVENUE  
SUITE 101  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

BULLUCK, ROBERT A  
13153 N. DALE MABRY HWY  
SUITE 120  
TAMPA, FL 33618 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: ROBERT A. BULLUCK

02/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BULLUCK, ROBERT A  
Address: 13701 NORTH NEBRASKA AVENUE, 101  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BULLUCK, ROBERT A  
Address: 13153 N. DALE MABRY HWY, SUITE 120  
City-St-Zip: TAMPA, FL 33618

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: ROBERT A. BULLUCK

MGRM

02/21/2008

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