

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90323 007 ***138.75

DOCUMENT # L07000005629

1. Entity Name
COUNTRYONE MORTGAGE, LLC



Principal Place of Business
**4123 N. TAMiami TRAIL
 UNIT 207
 SARASOTA, FL 34234 US**

Mailing Address
**4123 N. TAMiami TRAIL
 UNIT 207
 SARASOTA, FL 34234 US**

60040400

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

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8238312

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

**PEEBLES & MORIARTY, P.A.
 1111 3RD AVENUE WEST
 SUITE 210
 BRADENTON, FL 34205**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PROSHKA, BRYAN	
STREET ADDRESS	6150 42ND ST. CIRCLE EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETERSON, GREGORY D	
STREET ADDRESS	4123 N. TAMiami TRAIL, UNIT 207	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **3-27-08** DAYTIME PHONE #: **941-358-7782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE