

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000011430

1. Entity Name
CITYPLACE MORTGAGE LLC



Principal Place of Business
225 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

Mailing Address
225 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
2101 VISTA PARKWAY

Suite, Apt. #, etc.

224

3. Mailing Address

2101 VISTA PARKWAY

Suite, Apt. #, etc.

224

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33411

Country
P.B

Zip
33411

Country
P.B

04122008 Chg-LLC CR2E083 (12/06)

4. FEI Number

200534861

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANTON, RICHARD
225 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name RICHARD DANTON

Street Address (P.O. Box Number is Not Acceptable)

2101 VISTA PARKWAY - SUITE 224

City WEST PALM BEACH FL Zip Code 33411

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 *RICHARD DANTON*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-08

DATE

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANTON, RICHARD 225 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANTON, RICHARD 2101 VISTA PARKWAY - SUITE 224 WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *RICHARD DANTON*

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

4-15-08

561-309-8726

Date

Daytime Phone #