


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 044 ***143.75

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 Zip 33411 Country P.B.		City & State WEST PALM BEACH, FL Zip 33411 Country P.B.		04122008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 800534861				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: <u>Richard Danton</u> <u>4-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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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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
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-15-08</u> Daytime Phone #: <u>561-309-8726</u>		

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