2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018223

Entity Name: 1ST UNLIMITED MORTGAGE LLC

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

27 BROADWAY

KISSIMMEE, FL 34741 റട

Current Mailing Address: New Mailing Address:

81 SAN BLAS AVE

27 BROADWAY KISSIMMEE, FL 34743 OS KISSIMMEE, FL 34741 OS

FEI Number: 20-8458094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALMONTE, ADA ALMONTE, ADA 81 SAN BLAS AVE 27 BROADWAY

KISSIMMEE, FL 34743 KISSIMMEE, FL 34741 US 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: ADA ALMONTE 02/29/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete ALMONTE, ADA Name:

Address: 81 SAN BLAS AVE

City-St-Zip: KISSIMMEE, FL 34743 OS

Title: MGRM () Delete Name: ALMONTE, JUAN Address: 81 SAN BLAS AVE

City-St-Zip: KISSIMMEE, FL 34743 OS

ALMONTE, ADA Address: 27 BROADWAY KISSIMMEE, FL 34741 OS

(X) Change () Addition

MGRM

City-St-Zip:

Title: MGRM (X) Change () Addition

Name: ALMONTE, JUAN Address: 27 BROADWAY

ADDITIONS/CHANGES:

Title:

Name:

City-St-Zip: KISSIMMEE, FL 34741 OS

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: ADA ALMONTE **MGRM** 02/29/2008