


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 029 ***138.75

DOCUMENT # L07000024999

1. Entity Name
FIRST MORTGAGE FUND LLC



| | |
|---|---|
| Principal Place of Business 12268 TAMAMIAMI TRAIL EAST 301 NAPLES, FL 34113 | Mailing Address 12268 TAMAMIAMI TRAIL EAST 301 NAPLES, FL 34113 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 8985 STAR TULIP CT. | 3. Mailing Address 8985 STAR TULIP CT. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-----------------------------------|-----------------------------------|
| City & State NAPLES, FL | City & State NAPLES, FL |
| Zip 34113 | Zip 34113 |
| Country USA | Country USA |



04222008 Chg-LLC CR2E083 (12/06)

| | |
|--|--|
| 4. FEI Number 65-1308591 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 8985 STAR TULIP CT. | |
| City NAPLES | Zip Code 34113 |

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 Michael R Hoggatt DATE 4/22/08

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 | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOGGATT, MICHAEL R 12268 TAMAMIAMI TRAIL EAST NAPLES, FL 34113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 8985 STAR TULIP CT. NAPLES FL 34113 |
| 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 |
| 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: Michael R Hoggatt Date 4/22/08 Daytime Phone # 239 272-2211

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