

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000026510

FILED
Aug 14, 2008
Secretary of State**Entity Name:** SUNVEST MORTGAGE GROUP LLC**Current Principal Place of Business:**1241 N. STATE ROAD 7
10
ROYAL PALM BEACH, FL 33411 US**New Principal Place of Business:****Current Mailing Address:**1241 N. STATE ROAD 7
10
ROYAL PALM BEACH, FL 33411 US**New Mailing Address:****FEI Number:** 20-8624688**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TIMOTHY L. WATTS P.A.
17949 30TH LANE NORTH
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: TIMOTHY L. WATTS P., A.
Address: 17949 30TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 USTitle: MGR () Delete
Name: CARLA V. CAPPELLIA P., A.
Address: 469 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 USTitle: MGR (X) Delete
Name: JERMAINE A. BELL P.A., .
Address: 181 MULBERRY GROVE ROAD
City-St-Zip: ROYAL PALM BEACH, FL 33411 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY L WATTS PA

MGR

08/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date