

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026510

FILED  
Feb 11, 2009  
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

## Current Mailing Address:

1241 N. STATE ROAD 7  
10  
ROYAL PALM BEACH, FL 33411 US

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

## New Principal Place of Business:

11924 FOREST HILL BLVD  
4  
WELLINGTON, FL 33414 US

## New Mailing Address:

11924 FOREST HILL BLVD  
4  
WELLINGTON, FL 33414 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 US

Title: MGR ( ) Delete  
Name: CARLA V. CAPPELLIA P., A.  
Address: 469 NW BLUE LAKE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

## ADDITIONS/CHANGES:

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

MGR

02/11/2009

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