

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027282

**FILED**  
**Mar 31, 2008**  
**Secretary of State**

**Entity Name:** YOUR MORTGAGE NEEDS, LLC

**Current Principal Place of Business:**

5356 CHISWICK CIRCLE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593328  
ORLANDO, FL 328593328

**New Mailing Address:**

**FEI Number:** 64-0953371

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

WATTS, ANTOINETTE  
5356 CHISWICK CIRCLE  
ORLANDO, FL 32812 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: WATTS, ANTOINETTE  
Address: 5356 CHISWICK CIRCLE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

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: ANTOINETTE WATTS

MGR

03/31/2008

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