2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L07000045417

Entity Name: MORTGAGE MONEY PROS LLC

Current Principal Place of Business:

4025 CATTLEMEN ROAD
SUITE 162
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4025 CATTLEMEN ROAD
SUITE 162
SARASOTA, FL 34233

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUL, ROBERT D
4025 CATTLEMEN ROAD
SUITE 162
SARASOTA, FL 34233 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: MGRM ( ) Delete
Name: PAUL, ROBERT D
Address: 4025 CATTLEMEN ROAD
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PAUL, ROBERT D
Address: 4025 CATTLEMEN ROAD #162
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Change (X) Addition
Name: PAUL, LAUREN J
Address: 4025 CATTLEMEN ROAD #162
City-St-Zip: SARASOTA, FL 34233

Title: MGR ( ) Change (X) Addition
Name: PAUL, FRANK
Address: 4025 CATTLEMEN ROAD #162
City-St-Zip: SARASOTA, FL 34233

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: ROBERT D PAUL MGRM 02/12/2008

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