

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# L07000057888

Entity Name: NAUTICA MORTGAGE, LLC

Current Principal Place of Business:

645 W JOHNS CREEK RKWY
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

645 W JOHNS CREEK RKWY
ST. AUGUSTINE, FL 32092

New Mailing Address:

5392 BLUE PACIFIC DRIVE W
JACKSONVILLE, FL 32257

FEI Number: 37-1544810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP, RICHARD CPA
6817 SOUTHPOINT PARKWAY SUITE 2201
JACKSONVILLE, FL 32216 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: BOTOLINO, GREGORY J
Address: 8421 BAYMEADOWS WAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: TEA, AMIDA J
Address: 8421 BAYMEADOWS WAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOTOLINO, GREGORY J
Address: 645 W JOHNS CREEK PKWY
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM (X) Change () Addition
Name: TEA, AMIDA J
Address: 645 W JOHNS CREEK PKWY
City-St-Zip: ST AUGUSTINE, FL 32092

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: AMIDA TEA

MGRM

04/29/2009

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