04-02-2008 90151 038 ***138.75
L07000084500

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000084500

1. Entity Name
WILTSHIRES MORTGAGE COMPANY LLC

FILED
08 APR 28 PM 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1130 EAST DONEGAN AVENUE, SUITE 14 KISSIMMEE, FL 34744	1130 EAST DONEGAN AVENUE, SUITE 14 KISSIMMEE, FL 34744

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1130 E DONEGAN AVE	1130 E DONEGAN AVE.
Suite, Apt. #, etc. 14	Suite, Apt. #, etc. 14
City & State: KISSIMMEE FL.	City & State: KISSIMMEE FL
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

4. FEI Number 80-015 6454 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILTSHIRES, HAGUER 1130 EAST DONEGAN AVENUE, SUITE 14 KISSIMMEE, FL 34744	Name: HAGUER WILTSHIRE Street Address (P.O. Box Number is Not Acceptable): 1130 E DONEGAN AVE STE #14 City: KISSIMMEE FL Zip Code: 34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: WILTSHIRES, HAGUER STREET ADDRESS: CITY-ST-ZIP: KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: 1130 E DONEGAN AVE KISSIMMEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP: 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: up 4/28/08	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3/1/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #