

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095923

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** AMERIBEST MORTGAGE LLC

**Current Principal Place of Business:**

1413 SOUTH PATRICK DRIVE, SUITE 6  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

1413 SOUTH PATRICK DRIVE  
SUITE 6  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

1413 SOUTH PATRICK DRIVE, SUITE 6  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

1413 SOUTH PATRICK DRIVE  
SUITE 6  
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 26-1126019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERSON, DOUGLASS A  
1413 SOUTH PATRICK DRIVE  
SUITE 7  
INDIAN HARBOUR BEACH, FL 32937 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  
Name: BRAY, SCOTT  
Address: 1413 SOUTH PATRICK DRIVE, SUITE 6  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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: SCOTT BRAY

MGR

03/17/2012

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