2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000113670

Entity Name: LOSS MITIGATION SPECIALISTS OF THE TREASURE COAST, LLC

Current Principal Place of Business:

10380 SW VILLAGE CENTER DRIVE
#141
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

2833 SW BRIGHTON STREET
PORT ST. LUCIE, FL 34953

Current Mailing Address:

10380 SW VILLAGE CENTER DRIVE
#141
PORT ST. LUCIE, FL 34987

New Mailing Address:

2833 SW BRIGHTON STREET
PORT ST. LUCIE, FL 34953

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, TAMARA C
2833 SW BRIGHTON ST.
PORT ST. LUCIE, FL 34953 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: WILLIAMS, TAMARA C
Address: 10380 SW VILLAGE CENTER DRIVE #144
City-St-Zip: PORT ST. LUCIE, FL 34987 US

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: TAMARA C. WILLIAMS PRES 05/01/2008

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