2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L07000127207

Entity Name: SUNATLANTIC MORTGAGE LLC

Current Principal Place of Business:

8551 WEST SUNRISE BLVD
SUITE 100
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8551 WEST SUNRISE BLVD
SUITE 100
PLANTATION, FL 33322

New Mailing Address:

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

Name and Address of Current Registered Agent:

ARCE, STEVE
8551 WEST SUNRISE BLVD
SUITE 100
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

MOHAN, JOHN P
8551 WEST SUNRISE BLVD
SUITE 100
PLANTATION, FL 33322 US

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: JOHN MOHAN 01/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARCE, STEVE
Address: 8551 WEST SUNRISE BLVD SUITE 100
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete
Name: SUNATLANTIC CAPITAL, CORP.
Address: 8551 WEST SUNRISE BLVD SUITE 100
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOHAN, JOHN P
Address: 8551 WEST SUNRISE BLVD SUITE 100
City-St-Zip: PLANTATION, FL 33322

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: JOHN MOHAN P 01/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date