

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 10 1999 8:00 am  
Secretary of State

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000001271**  
FLORIDA MORTGAGE TRUST LC  
8260 COLLEGE PARKWAY SUITE 204  
FORT MYERS, FL 33916

1a. Principal Place of Business Address  
8260 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FL 33916

2. Principal Place of Business  
8260 COLLEGE PKWY  
Suite, Apt. #, etc.  
SUITE 204  
City & State  
FORT MYERS, FL  
Zip  
33916 Country  
USA

2a. Mailing Address  
8260 COLLEGE PKWY  
Suite, Apt. #, etc.  
SUITE 204  
City & State  
FORT MYERS, FL  
Zip  
33916 Country  
USA

3. Date Organized or Qualified  
11/12/97  
3a. State of Formation  
FL

4. FEI Number  
65-0794596  
☐ Applied For  
☐ Not Applicable

5. Date of Last Report  
N/A  
6. Certificate of Status Desired  
S875 Additional Fee Required ☒

7. Name and Address of Current Registered Agent  
KARA HOLLERAN  
8260 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FL 33916

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
300002908303-4  
-06/17/99--01103--014  
\*\*\*\*197.50 \*\*\*\*197.50  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
CEO	TOAD FITZGERALD	8260 COLLEGE PARKWAY SUITE 204	FORT MYERS, FL 33916
VP	KARA HOLLERAN	11	11
CHAIRMAN	WILLIAM BRADLEY	11	11

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Kara Holleran 6/8/99 441-433-3222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

# *Florida Mortgage Trust, LC*

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June 8, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations:

Please be advised we didn't receive the annual report form for 1999. Since I did have the 1999 form for an "S" corporation I sent the information via a letter with the corporation fee of \$158.75 on April 28. Apparently the form and check cannot be located in Tallahassee. I have included a new check for \$197.50 (filing fee \$188.75 and certificate of status \$8.75) and the required form. Please consider this letter as a request to waive the penalty since I did send the information. If you desire I will send you a copy of the returned form and check when I receive them. Please process at your convenience. Thank you.

Sincerely,



Tim Holleran  
Chief Financial Officer