
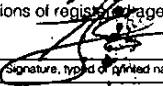
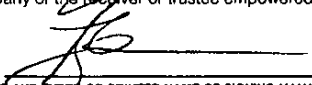


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90211 007 ****50.00

DOCUMENT # L99000001599 1. Entity Name SUNCOAST MORTGAGE GROUP, L.L.C.					
Principal Place of Business 100 EAST LINTON BLVD., SUITE 305A DELRAY BEACH, FL 33483			Mailing Address 100 EAST LINTON BLVD., SUITE 305A DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 6070 N. Federal Highway Suite, Apt. #, etc.		3. Mailing Address 6070 N. Federal Highway Suite, Apt. #, etc.			
City & State Boca Raton, FL Zip 33487		City & State Boca Raton, FL Zip 33487		4. FEI Number 65-0904761	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRONEN, BARRY 100 EAST LINTON BLVD. STE 305-A DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Kronen, Barry Street Address (P.O. Box Number is Not Acceptable) 6070 N. Federal Highway City Boca Raton FL Zip Code 33487		
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/4/07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHEIMAN, ALAN 3715 FLOWERSONG COVE BOYNTON BEACH, FL 33437		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRONEN, BARRY 9750 NAPOLI WOODS LANE DELRAY BEACH, FL 33446		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			1/4/07 561-330-2727 Date Daytime Phone #		