

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FD

Jan 30, 2004  
Secreta

DOCUMENT # L99000008510

1. Entity Name  
COMMONWEALTH MORTGAGE L.L.C.

## Principal Place of Business

447 ATLANTIC BLVD  
SUITE 2  
ATLANTIC BEACH, FL 32233

## Mailing Address

447 ATLANTIC BLVD  
SUITE 2  
ATLANTIC BEACH, FL 32233

01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

## 4. FEI Number

59-3612395

## Applied For

Not Applicable

## 5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HARPSTER, WILLIAM FOSTER  
500 NAUTICAL BLVD  
ATLANTIC BEACH, FL 32233DO NOT WRITE  
IN THIS SPACE

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)

1-28-04

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARPSTER, WILLIAM F
STREET ADDRESS	500 NAUTICAL BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

TITLE	MEM
NAME	HARPSTER, PHYLLIS S
STREET ADDRESS	11467 PLUMOSA DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

L99000008510  
02/02/04-80025-016 50.00DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

1-28-04 904-241-4608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #