

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000812

Entity Name: NASSAU MORTGAGE LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

41 UNIVERSITY DRIVE
SUITE 400
NEWTOWN, PA 18940

New Principal Place of Business:

Current Mailing Address:

41 UNIVERSITY DRIVE
SUITE 400
NEWTOWN, PA 18940

New Mailing Address:

FEI Number: 52-2212582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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/MEMBERS:

Title: MGR () Delete
Name: MATHES, MARION H
Address: 13 GOVERNORS LANE
City-St-Zip: PRINCETON, NJ 08540

Title: MGR () Delete
Name: NAVARRO, BENJAMIN W
Address: 1 COVE LANDING
City-St-Zip: OLD SAYBROOK, CT 06475

Title: MGR () Delete
Name: HILDEBRAND, BRETT
Address: 57 HALLS CORNERS RD
City-St-Zip: DOVER PLAINS, NY 12522

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATHES, MARION H
Address: 83 SOUTH BATTERY STREET
City-St-Zip: CHARLESTON, SC 29401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGR

04/25/2005

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