

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90077 023 \*\*\*\*50.00

<b>DOCUMENT # M00000002475</b>					
1. Entity Name <b>UNIMORTGAGE LLC</b>					
Principal Place of Business <b>8647 BAYPINE ROAD BLDG. ONE, STE. 100 JACKSONVILLE FL 32256 US</b>			Mailing Address <b>8647 BAYPINE ROAD BLDG. ONE, STE. 100 JACKSONVILLE FL 32256 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>05-0514464</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



1st MOORE CR2E083 (10/04)


6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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 _____	
Signature, typed or printed name of registered agent and title if applicable					
		<b>FILE NOW!!! FEE IS \$50.00</b>			
		<b>Make Check Payable to Florida Department of State</b>			
		<b>Due By May 1, 2005</b>			

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VETH, STEPHEN R			NAME			
STREET ADDRESS	6858 MADRID AVENUE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32217			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILSBY, JOHN P			NAME			
STREET ADDRESS	8803 WATERFRONT TERRACE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32217			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBEE, RALPH J			NAME			
STREET ADDRESS	2104 FOREST HOLLOW WAY			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32259			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSHAM, DARRELL T			NAME			
STREET ADDRESS	3776 SALTMEADOW COURT, SOUTH			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, H. CURTIS			NAME			
STREET ADDRESS	8647 BAYPINE RD., BLDG. ONE, STE. 100			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSATI, JAMES V			NAME			
STREET ADDRESS	671 BOSTON NECK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NARRAGANSETT RI 02882			CITY-ST-ZIP			

11. I 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 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:**  **Stephen R. Veth**  
Senior Vice President  
1-25-2005 904-636-8518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #