

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002475

FILED
May 01, 2007
Secretary of State

Entity Name: UNIMORTGAGE LLC

Current Principal Place of Business:

8647 BAYPINE ROAD
BLDG. ONE, STE. 100
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8647 BAYPINE ROAD
BLDG. ONE, STE. 100
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 05-0514464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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/MANAGERS:

Title: MGR () Delete
Name: VETH, STEPHEN R
Address: 7801 POINT MEADOWS DRIVE, UNIT 8109
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: SILSBY, JOHN P
Address: 8803 WATERFRONT TERRACE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: DEBEE, RALPH J
Address: 2104 FOREST HOLLOW WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete
Name: GRIFFIN, KIRBY H
Address: 4619 ALGONQUIN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Delete
Name: JORDAN, H. CURTIS
Address: 8647 BAYPINE RD., BLDG. ONE, STE. 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM (X) Delete
Name: ROSATI, JAMES V
Address: 671 BOSTON NECK ROAD
City-St-Zip: NARRAGANSETT, RI 02882

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSATI, JAMES V
Address: 671 BOSTON NECK ROAD
City-St-Zip: NARRAGANSETT, RI 02882

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

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

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: JAMES ROSATI

MGRM

05/01/2007

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