

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000753
 1. Entity Name
 UNIVERSAL CAPITAL MORTGAGE, L.L.C.



Principal Place of Business 350 N LAKE DESTINY RD SUITE 315 MAITLAND, FL 32751 US	Mailing Address 901 SEMMES AVENUE MTG 1815 RICHMOND, VA 23224 US
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01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2021414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNTRUST LENDER MANAGEMENT, LLC 901 SEMMES AVENUE MTG 1815 RICHMOND, VA 23224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/19/05-80005-005 50.00

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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: Cathy Seal by: Cathy Seal, Manager 804-291-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 2/17/05 Daytime Phone # _____