

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90059 037 \*\*\*\*50.00

**DOCUMENT # M01000001729**

1. Entity Name  
**PROPERTIES MORTGAGE, LLC**



Principal Place of Business  
**2000 WEBER ST.  
SARASOTA, FL 34236**

Mailing Address  
**1 HOME CAMPUS  
MAC X2401-049  
DES MOINES, IA 50328**

**20051614**



04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1113234**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|                |  |
|----------------|--|
| TITLE          | MGRM                                     |
| NAME           | WALL FARGO HOME MTG., INC.               |
| STREET ADDRESS | 1 HOME CAMPUS, MAC X2401-049             |
| CITY-ST-ZIP    | DES MOINES, IA 50328                     |
| TITLE          | MGRM                                     |
| NAME           | CROWLY GROUP INC D/B/A RE/MAX PROPERTIES |
| STREET ADDRESS | 2000 WEBER ST.                           |
| CITY-ST-ZIP    | SARASOTA, FL 34236                       |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO 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)(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:** \_\_\_\_\_

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

Date

Daytime Phone #

*4-22-05* *515-213-7559*

*Robert Scallon - AUP of Member*