



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 010 \*\*\*\*55.00

<b>DOCUMENT # M01000002654</b> 1. Entity Name <b>SELECT MORTGAGE GROUP LTD, LLC.</b>					
Principal Place of Business <b>120 ZEAGLER DRIVE PALATKA, FL 32177 US</b>			Mailing Address <b>6784 LOOP ROAD CENTERVILLE, OH 45459</b>		
2. Principal Place of Business <b>13981 LAKE MAHOGANY BLVD. #2522</b> Suite, Apt. #, etc.		3. Mailing Address <b>6784 LOOP ROAD</b> Suite, Apt. #, etc.			
City & State <b>FT. MYERS, FL</b>		City & State <b>CENTERVILLE, OH</b>		4. FEI Number <b>31-1480758</b>	
Zip <b>33907</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLS, CHARLENE L 120 ZEAGLER DRIVE PALATKA, FL 32177</b>				7. Name and Address of New Registered Agent Name <b>MERKEL, RODGER M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13981 LAKE MAHOGANY BLVD., #2522</b>  City <b>FT. MYERS</b>	
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 <u><i>Rodger M. Merkel</i></u> DATE <u>1-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERKEL, RODGER M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLS, DAVID M 6784 LOOP ROAD CENTERVILLE, OH			<input type="checkbox"/> Delete	
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: <u><i>Rodger M. Merkel</i></u> DATE <u>1-14-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					