

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/21

FILED
Apr 28, 2004 8:00 am
Secretary of State

03-26-2004 90159 003 ***150.00

DOCUMENT # M02000000073

1. Entity Name
CITIFINANCIAL MORTGAGE COMPANY (FL), LLC



Principal Place of Business
**300 ST. PAUL PLACE
BALTIMORE, MD 21202**

Mailing Address
**300 ST. PAUL PLACE
BALTIMORE, MD 21202**

34004473



DO NOT WRITE IN THIS SPACE

03012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
26-0007139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	VPS
NAME	DAVIS, LINDA S
STREET ADDRESS	300 ST PAUL PL
CITY-STATE-ZIP	BALTIMORE, MD 21202
TITLE	VP
NAME	TIMKEN, KATHLEEN A
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-STATE-ZIP	IRVING, TX 75062
TITLE	AS
NAME	BAER, TERESA M
STREET ADDRESS	300 ST PAUL PL
CITY-STATE-ZIP	BALTIMORE, MD 21202
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 #

Teresa M. Baer **Teresa M. Baer** 3/3/04 (410) 332-3600