2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002067

1. Entity Name
ATWOOD MORTGAGE, L.L.C.

Principal Place of Business	Mailing Address
4611 ATWOOD BLVD. SALT LAKE CITY, UT 84107	4611 ATWOOD BLVD. SALT LAKE CITY, UT 84107

01072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0719753
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
773 4TH AVE. NORHT SUITE A
NAPLES, FL 34102

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POOLE, DENNIS K
STREET ADDRESS	4543 S. 900 E. SUITE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84107
TITLE	MGR
NAME	ELDREDGE, NATHAN T
STREET ADDRESS	4611 ATWOOD BLVD.
CITY-ST-ZIP	SALT LAKE CITY, UT 84107
TITLE	MGR
NAME	POOLE, DANIEL
STREET ADDRESS	4611 ATWOOD BLVD.
CITY-ST-ZIP	SALT LAKE CITY, UT 84107
TITLE	MGR
NAME	POOLE, CAROL
STREET ADDRESS	4611 ATWOOD BLVD.
CITY-ST-ZIP	SALT LAKE CITY, UT 84107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Carol C Poole 1/7/2004 801-261-9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #