

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002993

Entity Name: JAMESTOWN MORTGAGE LTD., CO

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

203 E. ROYALTON RD.
SUITE #106
BROADVIEW HEIGHTS, OH 44147 US

New Principal Place of Business:

Current Mailing Address:

203 E. ROYALTON RD.
SUITE #106
BROADVIEW HEIGHTS, OH 44147 US

New Mailing Address:

FEI Number: 34-1880297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FL
1013 LUCERNE AVE.
SUITE #201
LAKE WORTH, FL 33460 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RESTIFO, MAUREEN P
Address: 10115 FOXWOOD DR.
City-St-Zip: NORTH ROYALTON, OH 44133

Title: MGR () Delete
Name: BURNS, WILLIAM R
Address: 4875 WEST MILL RD.
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BURNS, WILLIAM R
Address: 7200 BOULDER WOOD DRIVE
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN P RESTIFO

PRES

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date