2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M03000003222

Entity Name: ADVISORS MORTGAGE GROUP, L.L.C.

Current Principal Place of Business:

2517 HWY 35
BLDG B SUITE 104
MANASQUAN, NJ 08736

New Principal Place of Business:

Current Mailing Address:

2517 HWY 35
BLDG B SUITE 104
MANASQUAN, NJ 08736

New Mailing Address:

FEI Number: 22-3626426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINNIGAN LAW FIRM
1700 MAITLAND AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: MEYER, STEVEN T
Address: 2517 HWY 35, BLDG B SUITE 104
City-St-Zip: MANASQUAN, NJ 07701

Title: M ( ) Delete
Name: MEYER, C T
Address: 2517 HWY 35, BLDG B SUITE 104
City-St-Zip: MANASQUAN, NJ 08736

Title: M (X) Delete
Name: CLARK, PAMELA J
Address: 2517 HIGHWAY 35, BLDG B SUITE 104
City-St-Zip: MANASQUAN, NJ 08736

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CLARK, PAMELA J
Address: 2517 HWY 35, BLDG B SUITE 104
City-St-Zip: MANASQUAN, NJ 08736

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

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: SEAN M CLARK VP 04/30/2009

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