



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M04000000278 1. Entity Name OASIS MORTGAGE, L.L.C. |  |
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|---|---|
| Principal Place of Business 187 A NORTH SHORE PLACE GULF SHORES, AL 36542 | Mailing Address 187 A NORTH SHORE PLACE GULF SHORES, AL 36542 |
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04122005 No Chg-LLC CR2E083 (10/03)

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|--|--------------------------------|
| 4. FEI Number 87-0693895 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CAHOON, DAVID
 14600 PERDIDO KEY DR
 PERDIDO KEY, FL 32507

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: _____ 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, 2005

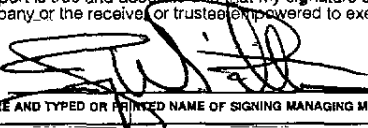
9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PITTMAN, KIM L 187 A NORTH SHORE PLACE GULF SHORES, AL 36542 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PITTMAN, JERRY W 187 A NORTH SHORE PLACE GULF SHORES, AL 36542 |
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 04/16/05-80014-007 55.00

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:  **JERRY W. PITTMAN** **04/12/05** **(251) 968-3266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #