

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003672

FILED
Jul 03, 2007
Secretary of State

Entity Name: RHODES FINANCIAL SERVICES MORTGAGE, LLC

Current Principal Place of Business:

610 RONALD REAGAN DRIVE
EVANS, GA 30809

New Principal Place of Business:

Current Mailing Address:

610 RONALD REAGAN DRIVE
EVANS, GA 30809

New Mailing Address:

FEI Number: 65-1183096 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:

MARSHALL, RICK
1941 BRANT IVY CIRCLE
CLERMONT, FL 34711 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: RHODES, JAMES E
Address: 610 RONALD REAGAN DRIVE
City-St-Zip: EVANS, GA 30809

Title: MGR () Delete
Name: RHODES, CARL T
Address: 610 RONALD REAGAN DRIVE
City-St-Zip: EVANS, GA 30809

Title: MGR () Delete
Name: CHRISTOPHER, ZANE JR
Address: 610 RONALD REAGAN DRIVE
City-St-Zip: EVANS, GA 30809

ADDITIONS/CHANGES:

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

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

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: STEVE COX

MGR

07/03/2007

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