2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# M04000004925

Entity Name: SOUTHERN TRUST MORTGAGE, LLC

Current Principal Place of Business:

150 BOUSH ST., SUITE 400
NORFORK, VA 23510

New Principal Place of Business:

Current Mailing Address:

150 BOUSH ST., SUITE 400
NORFORK, VA 23510

New Mailing Address:

FEI Number: 54-1872422 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	FLOWERS, JERRY B	
Address:	150 BOUSH ST., SUITE 400	
City-St-Zip:	NORFORK, VA 23510	
Title:	EVP	( ) Delete
Name:	CURTIS, KIM S	
Address:	150 BOUSH ST., SUITE 400	
City-St-Zip:	NORFORK, VA 23510	
Title:	VP	( ) Delete
Name:	MATHIS, HANS G	
Address:	3300 NORTH RIDGE RD, SUITE 300	
City-St-Zip:	ELLICOTT CITY, MD 21043	
Title:	VP	( ) Delete
Name:	SULLIVAN, DENNIS P	
Address:	3300 NORTH RIDGE RD, SUITE 300	
City-St-Zip:	ELLICOTT CITY, MD 20143	
Title:	VPST	( ) Delete
Name:	SILVERMAN, FAY B	
Address:	150 BOUSH ST., SUITE 400	
City-St-Zip:	NORFORK, VA 23510	
Title:	VP	( ) Delete
Name:	JACKSON, JEFFREY L	
Address:	3300 NORTH RIDGE RD., SUITE 300	
City-St-Zip:	ELLICOTT CITY, MD 21043	

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:	
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 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 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: KIM S. CURTIS EVP 06/29/2005

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