

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004925

FILED
Jan 04, 2008
Secretary of State

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 ()

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: 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: VP (X) Change () Addition
Name: MATHIS, HANS G
Address: 3290 NORTH RIDGE RD, SUITE 220
City-St-Zip: ELLICOTT CITY, MD 21043

Title: VP (X) Change () Addition
Name: SULLIVAN, DENNIS P
Address: 3290 NORTH RIDGE RD, SUITE 220
City-St-Zip: ELLICOTT CITY, MD 20143

Title: VP (X) Change () Addition
Name: JACKSON, JEFFREY L
Address: 3290 NORTH RIDGE RD., SUITE 220
City-St-Zip: ELLICOTT CITY, MD 21043

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: KIM S. CURTIS

EVP

01/04/2008

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