2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# M05000002315

Entity Name: NORTH FLORIDA MORTGAGE SERVICES, LLC

Current Principal Place of Business:

4348 SOUTHPOINT BLVD FLOOR 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD FLOOR 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2707209 **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: MGR ( ) Delete
Name: GAYDEN, MARSHALL
Address: 3000 LEADENHALL ROAD
City-St-Zip: MT. LAUREL, NJ 08054

Title: MGR ( ) Delete
Name: SANCHEZ, RENE
Address: 11220 MONTE VISTA
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: JOSEPH TATUM, RAYMOND JR.
Address: 10450 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

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 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: MARSHALL GAYDEN MGR 04/12/2007

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