



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90048 006 ****55.00

DOCUMENT # M05000003873 1. Entity Name STATEWIDE MORTGAGE, LLC					
Principal Place of Business 2603 DIXIE HIGHWAY LOUISVILLE, KY 40216			Mailing Address 2603 DIXIE HIGHWAY LOUISVILLE, KY 40216		
2. Principal Place of Business <i>4602 Southern Parkway</i> Suite, Apt. #, etc.		3. Mailing Address <i>4602 Southern Parkway</i> Suite, Apt. #, etc.			
City & State <i>Louisville, KY</i>		City & State <i>Louisville, KY</i>		4. FEI Number 27-0012601	
Zip <i>40214</i>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLIANCE CONSULTING CORPORATION OF FLORI 1013 LUCERNE AVENUE, SUITE 201 LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWISHER, LARRY K JR 8201 CHESHIRE WAY LOUISVILLE, KY 40222			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWISHER, LARRY K 4631 BROWNBORO ROAD LOUISVILLE, KY 40207			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> 1/12/06 (502) 585-5626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	