


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90029 019 \*\*\*138.75

<b>DOCUMENT # M06000000755</b>	
1. Entity Name <b>WINDSTONE MORTGAGE, L.L.C.</b>	

Principal Place of Business <b>8482 DUNHAM STATION DR. TAMPA, FL 33647</b>	Mailing Address <b>8482 DUNHAM STATION DR. TAMPA, FL 33647</b>
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**60029082**

2. Principal Place of Business - No P.O. Box # <b>17852 US Highway 41</b>	3. Mailing Address <b>901 Semmes Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>MTG 1815</b>

City & State <b>Lutz, FL 33549</b>	City & State <b>Richmond, VA 23224</b>
Zip	Zip
Country <b>USA</b>	Country

03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>34-2060405</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNTRUST LENDER MANAGEMENT, L.L.C. 901 SEMMES AVENUE MTG 1815 RICHMOND, VA 23224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

<b>SIGNATURE:</b> <i>Danielle L. Blawie</i>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b> <i>Danielle L. Blawie</i>	<b>Date</b> <i>4/11/08</i>	<b>Daytime Phone #</b> <i>804 291-2429</i>
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