

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005395

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: POOLCORP FINANCIAL MORTGAGE LLC

**Current Principal Place of Business:**

109 NORTHPARK BLVD.  
COVINGTON, LA 70433

**New Principal Place of Business:**

**Current Mailing Address:**

109 NORTHPARK BLVD.  
COVINGTON, LA 70433

**New Mailing Address:**

109 NORTHPARK BLVD., STE. 125  
COVINGTON, LA 70433

FEI Number: 20-5537091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PT ( ) Delete  
Name: JOSLIN, MARK W  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433 US

Title: VPS ( ) Delete  
Name: HUGHES, E. HUNTER  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433 US

Title: AS ( ) Delete  
Name: NEIL, JENNIFER M  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433 US

Title: AS (X) Delete  
Name: GRAHAM, DEBRA M  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: NEIL, JENNIFER M  
Address: 109 NORTHPARK BLVD., STE. 125  
City-St-Zip: COVINGTON, LA 70433 US

Title: AS (X) Change ( ) Addition  
Name: GRAHAM, DEBRA M  
Address: 109 NORTHPARK BLVD., STE. 200  
City-St-Zip: COVINGTON, LA 70433 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNIFER M. NEIL

SEC

02/05/2008

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