

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002291

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** ERIC S. PETERSON & ASSOCIATES MORTGAGE LENDERS, LLC

**Current Principal Place of Business:**

8469 SOUTH SAGINAW STREET  
SUITE 8  
GRAND BLANC, MI 48439

**New Principal Place of Business:**

8469 SOUTH SAGINAW STREET  
GRAND BLANC, MI 48439

**Current Mailing Address:**

8469 SOUTH SAGINAW STREET  
SUITE 8  
GRAND BLANC, MI 48439

**New Mailing Address:**

8469 SOUTH SAGINAW STREET  
GRAND BLANC, MI 48439

**FEI Number:** 38-3550962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERSON, ROY E DR.  
5532 PUERTA DEL SOL BLVD.  
BLDG. 5 #235  
ST. PETERSBURG, FL 33715 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: MGRM ( ) Delete  
Name: PETERSON, ERIC S  
Address: 8469 SOUTH SAGINAW STREET  
City-St-Zip: GRAND BLANC, MI 48439

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PETERSON, ERIC S PRES  
Address: 8469 SOUTH SAGINAW STREET  
City-St-Zip: GRAND BLANC, MI 48439

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:** ERIC S. PETERSON

MGRM

03/26/2009

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