

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2008 90029 014 ***138.75

60029087



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number **45-0576116** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DOCUMENT # M07000006120

1. Entity Name
OLDPALM MORTGAGE, L.L.C.



Principal Place of Business
4455 MILITARY TRAIL, SUITE 100
JUPITER, FL 33458

Mailing Address
4455 MILITARY TRAIL, SUITE 100
JUPITER, FL 33458

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
901 Semmes Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MTG 1815

City & State

City & State
Richmond, VA 23224

Zip

Country

Zip

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SUN TRUST LENDER MANAGMENT, L.L.C.
STREET ADDRESS 901 SEMMES AVE. MTG 1815
CITY-ST-ZIP RICHMOND, VA 23224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Daniqua L. Blaw Daniqua L. Blaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/08

804 291-2429

Date

Daytime Phone #