

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # M98000001546

1. Entity Name
TRYON AVENUE MORTGAGE, LLC



Principal Place of Business
**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414**

Mailing Address
**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414**



02132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890476

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000075774
03/03/04-80074-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHERRY, MICHAEL
1773 WILSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MICHAEL SHERRY

Date

Daytime Phone #

2/26/04 914 793-1793