2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# M99000000374

Entity Name: NORTHEAST MORTGAGE OF CONNECTICUT, LLC

Current Principal Place of Business:

800 MAIN STREET SOUTH
SOUTHBURY, CT 06488

New Principal Place of Business:

Current Mailing Address:

800 MAIN STREET SOUTH
SOUTHBURY, CT 06488

New Mailing Address:

FEI Number: 86-0972558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM ( ) Delete
Name: ROGERSON, BRIAN P
Address: 6909 E. SUGARLOAF CIRCLE
City-St-Zip: MESA, AZ 85207

Title: MGRM ( ) Delete
Name: ROGERSON, SEAN T
Address: 214 PARK RD.
City-St-Zip: OXFORD, CT 06478

Title: MGRM ( ) Delete
Name: GABRIELE, ANTHONY J JR.
Address: 50 OWL RIDGE ROAD
City-St-Zip: WOODBURY, CT 06798

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ROGERSON, SEAN T
Address: 49 JAMES VINCENT DRIVE
City-St-Zip: CLINTON, CT 06413

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN P. ROGERSON PRES 04/13/2004

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