

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # M99000001808

1. Entity Name
PUTNAM MORTGAGE & FINANCE, LLC



Principal Place of Business
**305 1/2 S. JEFFERSON AVE
EATONTON, GA 31024**

Mailing Address
**305 1/2 S. JEFFERSON AVE
EATONTON, GA 31024**



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2493981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEEKS, WILLIAM I
STREET ADDRESS	144 BARRINGTON HALL DRIVE
CITY-ST-ZIP	EATONTON, GA 31024
TITLE	MGRM
NAME	HARTY, DAVID
STREET ADDRESS	120 BARRINGTON HALL DRIVE
CITY-ST-ZIP	EATONTON, GA 31024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000002988
01/13/04-80037-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-8-04

706 485-2643