


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90438 037 \*\*\*150.00

<b>DOCUMENT # P03000019076</b>	
1. Entity Name <b>LONGLEAF MORTGAGE, INC.</b>	

Principal Place of Business <b>7818 CHASE MEADOW DR JACKSONVILLE, FL 32256</b>	Mailing Address <b>7818 CHASE MEADOW DR JACKSONVILLE, FL 32256</b>
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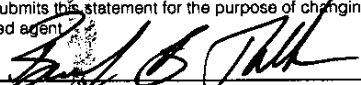
2. Principal Place of Business <b>4460 HODGES BLVD</b>	3. Mailing Address <b>4460 HODGES BLVD.</b>
Suite, Apt. #, etc. <b>417</b>	Suite, Apt. #, etc. <b>417</b>

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32224</b>	Zip <b>32224</b>
Country <b>DUVAL</b>	Country <b>DUVAL</b>




04282005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent <b>TILLMAN, BRAD B 7818 CHASE MEADOWS DR W JACKSONVILLE, FL 32256</b>	
7. Name and Address of New Registered Agent Name <b>BRAD B. TILLMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4460 HODGES BLVD</b> <b>417</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32224</b>	

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: 	DATE: <b>4/29/05</b>
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TILLMAN, BRAD B 7818 CHASE MEADOWS DR W JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRAD B. TILLMAN 4460 HODGES BLVD #417 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	DATE: <b>4/29/05</b> (904) 838-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	