
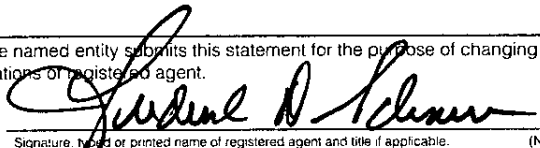


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90005 015 \*\*\*150.00

<b>DOCUMENT # P95000077747</b>			
1. Entity Name <b>GRANITE MORTGAGE INVESTORS CORPORATION</b>			
Principal Place of Business <b>2440 E. COMMERCIAL BLVD., STE. 1 FT. LAUDERDALE FL 33308</b>		Mailing Address <b>2440 E. COMMERCIAL BLVD., STE. 1 FT. LAUDERDALE FL 33308</b>	
2. Principal Place of Business <b>2306 BARCELONA DR.</b>		3. Mailing Address <b>2400 E LASOLAS BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PMB 215</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33301</b>	Country <b>US</b>	Zip <b>33301-1582</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LUAT-JACKSON, CORINNA D 2440 E. COMMERCIAL BLVD., STE. 1 FT. LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent Name <b>FREDERICK D. SCHNURR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2306 Barcelona Dr.</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33301</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 the registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNURR, FREDERICK D 2440 E. COMMERCIAL BLVD. SUITE 1 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2306 BARCELONA DRIVE FORT LAUDERDALE, FL. 33301</b>
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
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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:  **FREDERICK SCHNURR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/04 954-525-2858**  
Date Daytime Phone #