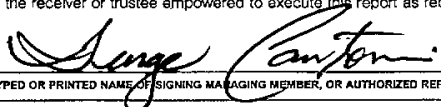


May 03,
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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000044167			
1. Entity Name GENEVA MORTGAGE SERVICES, LLC			
Principal Place of Business 1221 TURNER ST STE 101 CLEARWATER, FL 33756	Mailing Address 1221 TURNER ST STE 101 CLEARWATER, FL 33756		
DO NOT WRITE IN THIS SPACE			
		01092006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 74-3107425	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			
CANTONIS, GEORGE 1221 TURNER ST STE 101 CLEARWATER, FL 33756		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, 2006			
9. MANAGING MEMBERS/MANAGERS		 U00000562353 05/19/06-80052-008 50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTONIS, GEORGE 1221 TURNER ST STE 101 CLEARWATER, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, DENNIS 1221 TURNER STE 101 CLEARWATER, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		5/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	