


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90036 038 \*\*\*\*55.00

**DOCUMENT # L04000067848**

1. Equity Name  
 CITYONE MORTGAGE LAKES, LLC.



Principal Place of Business 14411 COMMERCE PARK WAY SUITE #405 MIAMI, FL 33014	Mailing Address 14411 COMMERCE PARK WAY SUITE 405 MIAMI, FL 33014
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60046308



04192006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1682416	Applied For Not Applicable
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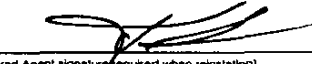
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCUDERO, FERNANDO  
 14411 COMMERCE PARK WAY  
 SUITE 405  
 MIAMI, FL 33014

**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 FRANK GONZALEZ  4-19-06  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, FRANK 7500 NW 25 STREET, SUITE 200 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS ALBERTO MARTINEZ 14411 COMMERCE PARK WAY, SUITE 405 MIAMI, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  4-19-06 305-970-2397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #