

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90125 001 *****5.00
 04-28-2006 90125 002 *****50.00

DOCUMENT # L05000014292

1. Entity Name
MID ATLANTIC MORTGAGE, LLC



| | |
|--|--|
| Principal Place of Business 732 SAMANTHA DRIVE PALM HARBOR, FL 34683 | Mailing Address 732 SAMANTHA DRIVE PALM HARBOR, FL 34683 |
|--|--|

30000410



| | |
|--|---|
| 2. Principal Place of Business 1014 U.S. HWY 19 Suite, Apt. #, etc. SUITE 106 | 3. Mailing Address Suite, Apt. #, etc. |
| City & State HOLIDAY, FLORIDA | City & State |
| Zip 34691 | Country PASCO |

04222006 Chg-LLC CR2E083 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 753183348 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ANTHONE DAMIANAKIS, P.A. 111 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759 | 7. Name and Address of New Registered Agent Name DIONYSSIOS ASSIMAKOPOULOS Street Address (P.O. Box Number is Not Acceptable) 1014 U.S. HWY 19 SUITE 106 City HOLIDAY FL Zip Code 34691 |
|---|--|

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 *D. Assimakopoulos* DATE 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---------------------------------|-----------------------|-------------|---|
| TITLE MGRM | NAME ASSIMAKOPOULOS, DIONYSSIOS | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 732 SAMANTHA DRIVE | CITY-ST-ZIP PALM HARBOR, FL 34683 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | 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: *D. Assimakopoulos* DATE 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #