
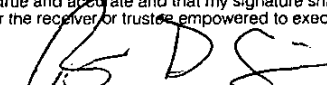


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAR -8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M9600000211 1. Entity Name MUNICIPAL MORTGAGE & EQUITY, LLC			
Principal Place of Business 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202		Mailing Address 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 52-1449733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	CEO JOSEPH, MARK K	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300	STREET ADDRESS	900068105449
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	03/20/06--01020--005 **50.00
TITLE	P FALCONE, MICHAEL L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300	STREET ADDRESS	Treasurer Anthony M. Sud
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	621 East Pratt Street, 3rd floor Baltimore MD 21202
TITLE	V MENTESANA, GARY A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300	STREET ADDRESS	Melanie Lundquist
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	CFO 621 East Pratt Street Baltimore MD 21202
TITLE	V HARRISON, WILLIAM S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300	STREET ADDRESS	Cont GIBSON, SHEILA R
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	621 EAST PRATT STREET BALTIMORE, MD 21202
TITLE	S GOLDBERG, STEPHEN A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300	STREET ADDRESS	S GOLDBERG, STEPHEN A
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
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: 		DEPUTY GENERAL COUNSEL AND ASSISTANT SECRETARY 3-2-06 443-263-2883	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	