

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003098

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: PATRIOT MORTGAGE LLC

**Current Principal Place of Business:**

721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

1515 S. ORLANDO AVE  
MAITLAND, FL 32751

**Current Mailing Address:**

721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741

**New Mailing Address:**

1515 S. ORLANDO AVE  
MAITLAND, FL 32751

FEI Number: 65-1178753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REID, THOMAS B SR  
721 VERONA ST  
SUITE 1-B  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REID, THOMAS B SR  
Address: 219 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REID, THOMAS B SR  
Address: 3555 SUNSET ISLES BLVD  
City-St-Zip: KISSIMMEE, FL 34747

Title: MGR ( ) Change (X) Addition  
Name: DEIBLER, MICHOLE A  
Address: 3555 SUNSET ISLES BLVD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS REID

MGMR

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date