


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90059 049 ****50.00

DOCUMENT # L00000003821 1. Entity Name MORTGAGE FLORIDA, LC					
Principal Place of Business 564 N. SEMORAN BLVD. ORLANDO, FL 32807			Mailing Address 2611 TECHNOLOGY DR. ORLANDO, FL 32804		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 608066			
City & State		City & State Orlando, Florida			
Zip 32860-8066	Country USA	4. FEI Number 59-3639502		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 GASDICK, MICHAEL J 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name F&L Corp. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 1300 City Jacksonville FL Zip Code 32202		
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 <u><i>Michael J. Gasdick, Agent</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 19, 2006</u>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUEBNER, JOHN S 564 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LONG, DOUGLAS F 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>04/18/06</u>		Daytime Phone # <u>407.578.2000</u>	

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