

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 01, 2006 08:00  
Secretary of Sta**

**DOCUMENT # L00000005217**

**1. Entity Name  
AVILES MORTGAGE, LLC**



**Principal Place of Business**

**708 S. CHURCH AVE.  
TAMPA, FL 33609**

**Mailing Address**

**708 S. CHURCH AVE.  
TAMPA, FL 33609**



**01302006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3644193**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AVILES, JOHN M  
708 S. CHURCH AVE  
TAMPA, FL 33609**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when Amending)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**1000000414915  
02/11/06-80055-017 50.00**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>AVILES, JOHN M</b>
<b>STREET ADDRESS</b>	<b>708 S CHURCH AVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33609</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>LEWIS, PAMELA A</b>
<b>STREET ADDRESS</b>	<b>708 S. CHURCH AVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33609</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*John M Aviles*

**1-30-06**

**813-874-5590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #