MAY-17-2006 WED 02:46 PM BRIGID D SOLDAVINI,CPA FAX N

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May 19, 2006 8:00 am
Secretary of State
05-19-2006 90168 025 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021552

1. Entity Name
FIRST MORTGAGE BANKERS, L.L.C.

20045926

Principal Place of Business	Mailing Address
3451 BONITA BAY BLVD #201 BONITA SPRINGS, FL 34134	3451 BONITA BAY BLVD. #201 BONITA SPRINGS, FL 34134
2. Principal Place of Business: 9947 Colonial Walk N Suite, Apt. #, etc.	3. Mailing Address: 9947 Colonial Walk N Suite, Apt. #, etc.
City & State: Estero FL	City & State: Estero FL
Zip: 33928 Country: USA	Zip: 33928 Country: USA

05172006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 02-0531333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCE, GRETCHEN L
34511 BONITA BAY BLVD.
#201
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9947 Colonial Walk N

City Estero FL Zip Code 33928

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 Gretchen L Spence 5/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPENCE, GRETCHEN L 9947 COLONIAL WALK NORTH ESTERO, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Gretchen L Spence 5/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #