

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90227 044 ****50.00

DOCUMENT # L02000017204

1. Entity Name
LATIN AMERICAN MORTGAGE, L.L.C.



Principal Place of Business
**10641 AIRPORT RD N
 SUITE 29
 NAPLES, FL 34109**

Mailing Address
**PO BOX 110448
 NAPLES, FL 34108**



2. Principal Place of Business
5258 Golden Gate Parkway

3. Mailing Address
Suite # 1

Suite, Apt. #, etc.
Suite # 1

02162006 Chg-LLC CR2E083 (11/05)

City & State
NAPLES, FL.

City & State
Same

Zip
34110

Country
USA

4. FEI Number
14-1848768

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEINSTEIN, MARK D
 290 NORTH WEST 165TH STREET PENTHOUSE 4
 MIAMI, FL 33169**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R FEINSTEIN, ERIC 10841 AIRPORT RD N STE 29 NAPLES, FL 34106	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FEINSTEIN, KATHY 10641 AIRPORT RD N STE 24 NAPLES, FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Kathy Feinstein* **KATHY A. FEINSTEIN** 2-24-06 **939-435-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT



20011807

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

LATIN AMERICAN MORTGAGE, L.L.C.
PO BOX 110448
NAPLES, FL 34108

SUBJECT: LATIN AMERICAN MORTGAGE, L.L.C.
Ref. Number L02000017204

Your documents were damaged by the Post Office and not suitable for processing. Please complete the enclosed form and resubmit it with the appropriate fee.