


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2006 90059 015 \*\*\*\*50.00

<b>DOCUMENT # L02000024115</b>	
1. Entity Name <b>MARKET MORTGAGE INVESTMENT, LLC</b>	

Principal Place of Business <b>1500 LEE RD., STE. 200 ORLANDO, FL 32810</b>	Mailing Address <b>1500 LEE RD., STE. 200 ORLANDO, FL 32810</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 608066	
City & State		City & State <b>Orlando, Florida</b>	
Zip	Country	Zip	Country
		<b>32860-8066</b>	<b>USA</b>

**40058562**



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>47-0910949</b>		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		7. Name and Address of New Registered Agent
<b>GASDICK, MICHAEL J</b> <b>390 N. ORANGE AVE.</b> <b>SUITE 260</b> <b>ORLANDO, FL 32801</b>		Name <b>F&amp;L Corp.</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b>
		<b>Suite 1300</b>
		City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202-5017</b>

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]* **Agent** DATE **April 19, 2006**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGRM MYLES PROPERTIES, LLC 12540 PARK AVENUE WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**

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

**04/18/06**

Date

**407-876-3670**

Daytime Phone #