

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026395

Entity Name: MORTGAGE STRATEGIES, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

257 CALLIOPE ST
OCOE, FL 34761

New Principal Place of Business:

2582 S. MAGUIRE RD.
SUITE 108
OCOE, FL 34761

Current Mailing Address:

257 CALLIOPE ST
OCOE, FL 34761

New Mailing Address:

2582 S. MAGUIRE RD.
SUITE 108
OCOE, FL 34761

FEI Number: 57-1167146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREY, DAVID C
257 CALLIOPE ST
OCOE, FL 34761 US

Name and Address of New Registered Agent:

HUMPHREY, DAVID C
2582 S. MAGUIRE RD.
SUITE 108
OCOE, FL 34761 US

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.

SIGNATURE: DAVID C HUMPHREY

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUMPHREY, DAVID C
Address: 257 CALLIOPE ST
City-St-Zip: OCOE, FL 34761 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUMPHREY, DAVID C
Address: 2582 S. MAGUIRE RD., SUITE 108
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Change (X) Addition
Name: STEFAN, YOUNG
Address: 2582 S. MAGUIRE RD., SUITE 108
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID C HUMPHREY

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date