


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90019 047 ****50.00

DOCUMENT # L03000001979 1. Entity Name COMMUNITY MORTGAGE RESOURCES, LLC					
Principal Place of Business 17233 JOHNSTON DRIVE FORT MYERS, FL 33912			Mailing Address 604 N. EIGHTH STREET PO BOX 1409 SHEBOYGAN, WI 53082-1409		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0521752	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GALLER, THELMA J 17233 JOHNSTON DR FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name <u>Jovanovich, Brandon</u> Street Address (P.O. Box Number is Not Acceptable) <u>4465 11th Place S.W.</u> City <u>Vero Beach</u> <u>FL</u> Zip Code <u>32968</u>		
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 <u>[Signature]</u> <u>MEADER</u> <small>(Signature typed or printed name of registered agent and title if applicable)</small>				DATE <u>5-1-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	MGRM CLAUFF, DAVID 604 N 8TH ST SHEBOYGAN, WI 53082	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sachse, Tim 604 N. 8th St. Sheboygan, WI 53082
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSETTI, DAWN 604 N 8TH ST SHEBOYGAN, WI 53082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSETTI, DAWN 604 N 8TH ST SHEBOYGAN, WI 53082
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u>Timothy A. Sachse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/20/06</u> Daytime Phone # <u>(414) 967-9880</u>	