


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90067 002 ****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
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2. Principal Place of Business - No P.O. Box # 9220 Bonita Beach Road	3. Mailing Address
Suite, Apt. #, etc. 227	Suite, Apt. #, etc.
City & State Bonita Springs FL	City & State
Zip 34135	Country USA



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0521752	Applied For Not Applicable
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5. Certificate of Status Desired - <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOVANOVIH, BRANDON 4465 11TH PL SW VERO BEACH, FL 32968	7. Name and Address of New Registered Agent Name BRANDON JOVANOVIH Street Address (P.O. Box, Number is Not Acceptable) 9220 Bonita Beach Road #227 City Bonita Springs FL Zip Code 34135
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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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACHSE, TIM 604 N 8TH ST SHEBOYGAN, WI 53082 <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: 	Date 4/25/07	Daytime Phone # 414 967-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		