


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018033		
1. Entity Name THE MORTGAGE SCHOOL, LLC		

FILED

06 MAR 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 267 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE, FL 32303	Mailing Address 267 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE, FL 32303
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2. Principal Place of Business 1017 Thomasville Rd Suite, Apt. #, etc. Suite A City & State Tallahassee, FL Zip 32303 Country USA	3. Mailing Address 1017 Thomasville Rd Suite, Apt. #, etc. Suite A City & State Tallahassee, FL Zip 32303 Country USA
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03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0571664	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KNAPTON, ROBERT B 267 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNAPTON, ROBERT B 267 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Thomas H Hutchinson 1017 Thomasville Rd Ste A Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300068073633 03/20/06--01001--002 **100.00 <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
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
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: Thomas B. Knapton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/2006 850 322 4954
Date Daytime Phone #