


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000025581		
1. Entity Name REVERSE MORTGAGE ASSOCIATES, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 22 AM 9:54

Principal Place of Business 220 GARVIN STREET PUNTA GORDA, FL 33950	Mailing Address 220 GARVIN STREET PUNTA GORDA, FL 33950
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2. Principal Place of Business <i>408 Tamiami Trail</i>	3. Mailing Address <i>408 Tamiami Trail</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08182006 Chg-LLC CR2E083 (11/05)

City & State <i>Punta Gorda, FL</i>	City & State <i>Punta Gorda, FL</i>
Zip <i>33950</i>	Country <i>Charlotte</i>
Zip <i>33950</i>	Country <i>Charlotte</i>

4. FEI Number 04-3767892	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WYATT, KENNETH W 220 GARVIN STREET PUNTA GORDA, FL 33950	
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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

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 <i>Kenneth W Wyatt</i>	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$50.00	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	MGRM WYATT, KENNETH W 220 GARVIN STREET PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100079218501</i> <i>09/29/06--01029--024 **\$5.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WYATT, BARBARA R 220 GARVIN STREET PUNTA GORDA, FL 33950 <input checked="" 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
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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: <i>Kenneth W Wyatt</i>	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	