

Mar 07
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**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000027966		
1. Entity Name COMPLETE MORTGAGE COMPANY, "LLC"		
Principal Place of Business 176 EAST HIGHLAND AVENUE SUITE B CLERMONT, FL 34711		Mailing Address PO BOX 120752 CLERMONT, FL 34712
DO NOT WRITE IN THIS SPACE		
		 03032005 No Chg-LLC CR2E083 (10/03)
4. FEI Number 05-0580246		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent WEATHERBEE, COLLEEN J PO BOX 120752 CLERMONT, FL 34712		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEATHERBEE, COLLEEN J PO BOX 120752 CLERMONT, FL 34712	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 3/3/05 <small>Daytime Phone #</small>