

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**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**



04112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**05-0580246**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>
NAME	<b>WEATHERBEE, COLLEEN J</b>
STREET ADDRESS	<b>PO BOX 120752</b>
CITY-ST-ZIP	<b>CLERMONT, FL 34712</b>

TITLE	
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04/26/06-80127-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Colleen Weatherbee*

4/10/06 352-241-6336