

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035550

FILED
May 22, 2006
Secretary of State

Entity Name: EXECUTIVE MORTGAGE & INVESTMENTS, LLC

Current Principal Place of Business:

27501 S DIXIE HWY
SUITE 409
NARANGA, FL 33032 US

New Principal Place of Business:

P.O. BOX 441834
MIAMI, FL 33144 US

Current Mailing Address:

27501 S DIXIE HWY
SUITE 409
NARANGA, FL 33032 US

New Mailing Address:

P.O. BOX 441834
MIAMI, FL 33144 US

FEI Number: 13-4269211 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HECHAVARRIA, MAGELA
27501 S DIXIE HWY
SUITE 409
NARANGA, FL 33032 US

Name and Address of New Registered Agent:

HECHAVARRIA, MAGELA MGR
P.O. BOX 441834
MIAMI, FL 33144 US

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.

SIGNATURE: MAGELA HECHAVARRIA

05/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HECHAVARRIA, MAGELA
Address: 27501 S DIXIE HWY SUITE 409
City-St-Zip: NARANGA, FL 33032 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HECHAVARRIA, MAGELA MGR
Address: P.O. BOX 441834
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAGELA HECHAVARRIA

MGR

05/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date