2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# L03000043111

Entity Name: REVERSE MORTGAGE TRAINING LLC

Current Principal Place of Business:

4160 PACKARD AVE
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4160 PACKARD AVE
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

MILLE, WYNN E
4160 PACKARD AVE
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MICHAEL, LINK H DR.	
Address:	264 OAKHURST CIRCLE	
City-St-Zip:	KISSIMMEE,, FL 34744	
Title:	MGR	( ) Delete
Name:	ANGELO, CANALES J	
Address:	14609 VELLEUX DR	
City-St-Zip:	ORLANDO, FL 32837	
Title:	MGR	( ) Delete
Name:	MILLER, CLARENCE	
Address:	4160 PACKARD AVE	
City-St-Zip:	SAINT CLOUD, FL 34772	
Title:	MGR	( ) Delete
Name:	MILLER, WYNN	
Address:	4160 PACKARD AVE	
City-St-Zip:	SAINT CLOUD, FL 34772	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WYNN MILLER MGR 07/12/2006

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