


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90135 017 \*\*\*\*50.00

<b>DOCUMENT # L04000003107</b>	
1. Entity Name CITY MORTGAGE, L.L.C	

Principal Place of Business 6065 NW 167 STREET, SUITE B12 MIAMI, FL 33015	Mailing Address 6065 NW 167 STREET, SUITE B12 MIAMI, FL 33015
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
LACOUTURE, DANIEL E 6065 NW 167 ST. SUITE 1312 MIAMI, FL 33015	

7. Name and Address of New Registered Agent	
Name	Lacouture, Daniel E
Street Address (P.O. Box Number is Not Acceptable)	6065 NW 167 ST Suite B12
City	Miami
State	FL
Zip Code	33015

4. FEI Number	Applied For
20-0594600	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOUTURE, DANIEL		NAME		
STREET ADDRESS	6065 NW 167TH ST, SUITE B12		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO, ALBA L		NAME		
STREET ADDRESS	6065 NW 167TH ST, STE B12		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_