

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90071 008 \*\*\*\*50.00

<b>DOCUMENT # L04000008759</b>					
<b>1. Entity Name</b> SHIRL-HOME REALTY AND MORTGAGE LENDERS LLC					
<b>Principal Place of Business</b> 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326			<b>Mailing Address</b> 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326		
<b>2. Principal Place of Business</b> 3350 SW 148 <sup>th</sup> AVE Suite, Apt. #, etc. 110		<b>3. Mailing Address</b> 4967 Brightmar Circle Suite, Apt. #, etc.			
<b>City &amp; State</b> MIRAMAR FL		<b>City &amp; State</b> Orlando FL		<b>4. FEI Number</b> 65-1216566	
<b>Zip</b> 33027		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHIRLEY, ANDRAL S 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE <u>X ANDRAL SHIRLEY MGR</u> <span style="float: right;">4/29/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SHIRLEY, ANDRAL S <b>STREET ADDRESS</b> 2225 N COMMERCE PARKWAY, SUITE #9 <b>CITY - ST - ZIP</b> WESTON, FL 33326	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> SHIRLEY, ANDRAL S <b>STREET ADDRESS</b> 4967 Brightmar Circle <b>CITY - ST - ZIP</b> Orlando FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> KOSBERG, HARVEY <b>STREET ADDRESS</b> 2225 N COMMERCE PARKWAY, SUITE #9 <b>CITY - ST - ZIP</b> WESTON, FL 33326	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> KOSBERG, HARVEY <b>STREET ADDRESS</b> 4967 Brightmar Circle <b>CITY - ST - ZIP</b> Orlando FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: X ANDRAL SHIRLEY</b> <span style="float: right;">4/29/06 407-454-8856</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					