


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 034 ****50.00

DOCUMENT # L04000009236					
1. Entity Name DEDICATED MORTGAGE, LLC					
Principal Place of Business 1240 49TH STREET SOUTH GULFPORT, FL 33707 US			Mailing Address 1240 49TH STREET SOUTH GULFPORT, FL 33707 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08152006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 77-0622859				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CULLEM, JOHN P ESQ. 856 2ND AVENUE NORTH ST. PETERSBURG, FL 33701			Name <u>Melody Love White</u> Street Address (P.O. Box Number is Not Acceptable) <u>1240 49th Street South</u> City <u>Gulfport</u> FL <u>33707</u>		
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 <u>Melody Love White</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8/15/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, MELODY L 856 2ND AVENUE NORTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM white, Melody Love 1240 49th Street South Gulfport, FL 33707
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <u>Melody Love White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>8/15/06</u> Daytime Phone # <u>727-421-4498</u>		