



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90349 028 \*\*\*\*50.00

<b>DOCUMENT # L04000010696</b> 1. Entity Name <b>REICH GROUP MORTGAGES LLC</b>					
Principal Place of Business <b>PO BOX 15403 PLANTATION, FL 33318-5403</b>			Mailing Address <b>PO BOX 15403 PLANTATION, FL 33318-5403</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>REICH, GARY</b> <b>16800 NW 2ND AVE, #504</b> <b>N MIAMI BEACH, FL 33169</b>				Name <b>Reich, GARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>16800 NW 2nd Ave, #306</b> City <b>N Miami Bch</b> <b>FL</b> Zip Code <b>33169</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.					
SIGNATURE 		SIGNATURE <b>Gary Reich</b>		DATE <b>2-26-06</b>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REICH, GARY L PO BOX 15403 PLANTATION, FL 333185403</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.					
SIGNATURE: 			Date <b>2-26-06</b> Daytime Phone # <b>954 424 8033</b>		