## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024808 1. Entity Name FUTURE SAVINGS MORTGAGE, LLC

**FILED** Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business 4310 MOINO PKWY **STE 140** FORT MYERS, FL 33906 Mailing Address 492 S THIRD ST COLUMBUS, OH 43215



DO	<b>NOT</b>	WRITE	IN	<b>THIS</b>	SPACE
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6. Name and Address of Current Registered Agent

CR2E083 (11/05) 04092006 No Chg-LLC Applied For 4. FEI Number 51-0502608 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHEFFY, JANE Y

2375 TAMIAMI TRAIL NORTH #310 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

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		800000515952 04/29/06-80233-002-50-00		
9.	MANAGING MEMBERS/MANAGERS			
HILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRIS, MICHAEL J 492 S THIRD ST COLUMBUS, OH 43215			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWART, JASON 492 S THIRD ST COLUMBUS, OH 43215			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-21P		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE