2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# L04000026035

Entity Name: CLOSING PROCESS COORDINATOR LLC

Current Principal Place of Business:

2816 DEL PRADO BLVD
SUITE 2
CAPE CORAL, FL 33904

New Principal Place of Business:

3409 DEL PRADO BLVD
SUITE103
CAPE CORAL, FL 33904

Current Mailing Address:

2816 DEL PRADO BLVD
SUITE 2
CAPE CORAL, FL 33904

New Mailing Address:

3409 DEL PRADO BLVD
SUITE 103
CAPE CORAL, FL 33904

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHAN, CONNIE L
2816 DEL PRADO BLVD
SUITE 2
CAPE CORAL, FL, FL 33904 US

Name and Address of New Registered Agent:

MAHAN, CONNIE L
3409 DEL PRADO BLVD
SUITE 103
CAPE CORAL, FL, FL 33904 US

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.

SIGNATURE: CONNIE MAHAN 03/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAHAN, ROBERT L
Address: 2816 DEL PRADO BLVD. STE. 2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CONNIE MAHAN PRES 03/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date