


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000040309 1. Entity Name AMERICA'S MORTGAGE RESOURCE, L.L.C.						SEC. OF STATE DIVISION OF CORPORATIONS 06 FEB 20 AM 11:02	
Principal Place of Business 1100 N. OCEAN SHORE BLVD, STE 2 ORMOND BEACH, FL 32176				Mailing Address 1100 N. OCEAN SHORE BLVD, STE 2 ORMOND BEACH, FL 32176			
2. Principal Place of Business #8 MIRROR LAKE				3. Mailing Address #8 MIRROR LAKE			
Suite, Apt. #, etc. SUITE B				Suite, Apt. #, etc. SUITE B			
City & State ORMOND BEACH, FL				City & State ORMOND BEACH, FL			
Zip 32174		Country USA		Zip 32174		Country USA	
4. FEI Number 01-0813281				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 BARCOMB, DIANA #8 MIRROR LAKE, STE B ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCHARD, BRETT 3810 ISLAMORADA DR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600067312976 03/07/06--01029--001 **100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANCHARD, ERICA 3810 ISLAMORADA DR. ORMOND BEACH, FL 32176 <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	MGRM HAND, TIMOTHY 50 BEAUREGARD DRIVE GRETN, LA 70053 <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	MGRM GEORGE PATRICK HAND 200 MERES #17 TARPO SPRINGS, FL 34689 <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 05-06		
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 608, Florida Statutes.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 2/17/06 380-441-1099 Daytime Phone #			