

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048141

FILED
Jul 05, 2006
Secretary of State

Entity Name: ADVANCE MORTGAGE SOLUTIONS L.C.

Current Principal Place of Business:

24932 HYDE PARK BLVD.
LAND O LAKES, FL 34639

New Principal Place of Business:

14916 CASEY ROAD
TAMPA, FL 33618

Current Mailing Address:

24932 HYDE PARK BLVD.
LAND O LAKES, FL 34639

New Mailing Address:

P. O. BOX 340675
TAMPA, FL 33694

FEI Number: 20-1322079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EAGAN, GLORIA A
24932 HYDE PARK BLVD.
LAND O LAKES, FL 34639 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EAGAN, GLORIA A
Address: 24932 HYDE PARK BLVD.
City-St-Zip: LAND O LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EAGAN, GLORIA A
Address: 14916 CASEY ROAD
City-St-Zip: TAMPA, FL 33618

Title: MGR () Change (X) Addition
Name: SALCEDO, SERGIO A
Address: 14916 CASEY ROAD
City-St-Zip: TAMPA, FL 33618

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: GLORIA A. EAGAN

MGR

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date