2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# L04000050523

Entity Name: ORIGINAL MORTGAGE SOLUTIONS LLC

Current Principal Place of Business:

5449 S. SEMORAN BLVD.
229
ORLANDO, FL 32822

New Principal Place of Business:

5394 HOFFNER AVE
B
ORLANDO, FL 32812

Current Mailing Address:

5449 S. SEMORAN BLVD.
229
ORLANDO, FL 32822

New Mailing Address:

5394 HOFFNER AVE
B
ORLANDO, FL 32812

FEI Number: 20-1338133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDONO, MARTHA C
214 OLIVEWOOD CT.
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: LONDONO, MARTHA C
Address: 214 OLIVEWOOD CT.
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM ( ) Delete
Name: LONDONO, GUSTAVO A
Address: 214 OLIVEWOOD CT.
City-St-Zip: KISSIMMEE, FL 34743

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: ESPINEL, HENRY E
Address: 5039 QUALITY TRAIL
City-St-Zip: ORLANDO, FL 32829

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: HENRY E ESPINEL MGRM 02/22/2006

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