2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L04000061199

Entity Name: FLORIDA'S FORECLOSURE ALTERNATIVE, LLC

Current Principal Place of Business:

934 N. UNIVERSITY DRIVE, STE. 434
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

934 N. UNIVERSITY DRIVE, STE. 434
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 11-3725855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: MGR ( ) Delete
Name: KROOP, JEFFREY
Address: 934 N. UNIVERSITY DRIVE, STE. 434
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete
Name: FOOTE, BRUCE M
Address: 934 N. UNIVERSITY DRIVE, STE. 434
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KROOP, JEFFREY
Address: 934 N. UNIVERSITY DRIVE, STE. 434
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change ( ) Addition
Name: FOOTE, BRUCE M
Address: 934 N. UNIVERSITY DRIVE, STE. 434
City-St-Zip: CORAL SPRINGS, FL 33071

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: JEFF KROOP MGRM 04/12/2006

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