2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069865

1. Entity Name
ACULINK MORTGAGE SOLUTIONS, LLC

Z0012671

Principal Place of Business	Mailing Address
8001 WOODLAND CENTER BLVD SUITE 200 TAMPA, FL 33614	8001 WOODLAND CENTER BLVD SUITE 200 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01252006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1756800	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRIEGSHAUSER, ROGER
~~4520 SEEDLING CIRCLE~~
~~TAMPA, FL 33614~~

8001 Woodland Center
Suite 200
Tampa FL 33614

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 2/9/06

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KREIGSHAUSER, ROGER
STREET ADDRESS	4520 SEEDLING CIRCLE
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
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CITY-ST-ZIP	

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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: _____   2/9/06   813-472-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #